**CLIENT INFORMATION FORM- INDIVIDUAL**

**IDENTITY**

TITLE: MR/MRS/MS/DR/PROFESSOR (CIRCLE APPROPRIATE ONE)

FIRST NAME :……………………………………; MIDDLE NAME:………………………

LAST NAME:………………………………………….

PREFERRED NAME:…………………………………………………..

EMPLOYER: ………………………………………………………

CITIZENSHIP :………………………………………………………

**PERSONAL INFORMATION**

OCCUPATION: ………………………………….

DATE OF BIRTH:…………………………..

MARITAL STATUS: …………………………………………

GENDER: ………………………………………

**PHONE & MESSAGING**

EMAIL ADDRESS:

PHONE:………………………………………; MOBILE: …………………………..

**PHYSICAL ADDRESS**

LINE 1: ……………………………………………………..

LINE 2: ……………………………………………………..

CITY: ……………………………………………………..

POST CODE: ……………………………………………..

COUNTRY: …………………………………………………….

WORK ADDRESS: …………………………………………………………………………………………………………………………………………………………………………………………………..

**ADDITIONAL DETAILS:**

1. Please advise how did you make contact with our law firm?................................................................................................................................................................................................................................................
2. If several individual are engaging the law firm, please confirm the main contact person who will give instructions to our office and with whom our office will correspond on behalf of all individuals: ……………………………………………………………………………………………………………………………………………………………………………………
3. Your country of birth and details of the duration you have been in New Zealand? ……………………………………………………………………………………………………………………………………………………………………………………
4. What is your New Zealand IRD number? …………………………………………………………………………………………