

Annexure O: Authority by client

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AUTHORITY

To:

(LAWYER)
(FIRM)
(ADDRESS)

I, (CLIENT NAME) born (DOB) hereby authorise you to discuss my charge with the following person:

Name:

Date of birth (if known):

Address:

Telephone:

Relationship to Me:

I understand that by providing this authority, the person I've nominated above will be made aware of confidential information regarding my matter.

I further understand that I can withdraw this authority at any time.

DATED :

SIGNED :

ADMIN/54036 /