

Please read this Questionnaire carefully but be assured that there is absolutely no obligation on you to complete all, or any, of the questions. You may just wish to register as a client and you are very welcome to do this by simply completing your name and address details. All information you do provide will be held in the strictest confidence and in accordance with the requirements of the General Data Protection Regulation. Any information you do give will be used only by us solely to provide you with information or to assist us in advising you on legal issues. If there is insufficient room on any box please continue overleaf.

Your details	Your dependants
<p>Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other</p> <p>First Name(s): <input type="text"/></p> <p>Surname: <input type="text"/></p> <p>Address: <input type="text"/></p> <p>Town: <input type="text"/></p> <p>County: <input type="text"/> Postcode <input type="text"/></p> <p>Home Tel: <input type="text"/></p> <p>Daytime Tel: <input type="text"/></p> <p>Date of birth: <input type="text"/></p> <p>Place of birth: <input type="text"/></p> <p>Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/></p>	<p>Number of children: <input type="text"/></p> <p>1st child's full name: <input type="text"/></p> <p>Date of birth: <input type="text"/></p> <p>2nd child's full name: <input type="text"/></p> <p>Date of birth: <input type="text"/></p> <p>If you have more than two children please note additional details overleaf →</p> <p>Do you have any other dependents e.g. aged parents or relations? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'yes' please complete:</p> <p>Name: <input type="text"/></p> <p>Their relationship to you: <input type="text"/></p> <p>If you have more than one dependent please note details overleaf</p> <p>Is there anyone else financially dependent upon you? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'yes' please give details overleaf →</p> <p>If you do not have any next of kin is there anyone you regard as your next of kin? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'yes' please give name and contact telephone number</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>What is the connection with you e.g. friend/neighbour?</p> <p><input type="text"/></p>
Your spouse/partner/next of kin	Your employment details (if applicable)
<p>Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other</p> <p>First Name(s): <input type="text"/></p> <p>Surname: <input type="text"/></p> <p>Address: <input type="text"/></p> <p>Town: <input type="text"/></p> <p>County: <input type="text"/> Postcode <input type="text"/></p> <p>Home Tel: <input type="text"/></p> <p>Daytime Tel: <input type="text"/></p> <p>Date of birth: <input type="text"/></p> <p>Place of birth: <input type="text"/></p> <p>Relationship: <input type="text"/></p>	<p>Are you employed <input type="checkbox"/> self employed <input type="checkbox"/> retired <input type="checkbox"/> not working <input type="checkbox"/></p> <p>National Insurance no: <input type="text"/></p> <p>Which doctors surgery are you registered with:</p> <p><input type="text"/></p>

Further information

Documents	Other important information
<p>Where are your important documents kept e.g. share certificates, passbooks etc.? At home <input type="checkbox"/> Bank <input type="checkbox"/> Solicitors office <input type="checkbox"/> or other <input type="checkbox"/> Please specify <input style="width: 150px;" type="text"/></p> <p>.....</p> <p>Do you have a Will? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes when was it made? <input style="width: 150px;" type="text"/> and where is it kept? At home <input type="checkbox"/> Bank <input type="checkbox"/> Solicitors office <input type="checkbox"/> or other <input type="checkbox"/> Please specify <input style="width: 150px;" type="text"/></p> <p>.....</p> <p>Do you have a Power of Attorney? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes when was it made? <input style="width: 150px;" type="text"/> and where is it kept? At home <input type="checkbox"/> Bank <input type="checkbox"/> Solicitors office <input type="checkbox"/> or other <input type="checkbox"/> Please specify <input style="width: 150px;" type="text"/></p> <p>.....</p> <p>Do you have an Advance Decision/Living Will? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes when was it made? <input style="width: 150px;" type="text"/> and where is it kept? At home <input type="checkbox"/> Doctors Surgery <input type="checkbox"/> Solicitors office <input type="checkbox"/> or other <input type="checkbox"/> Please specify <input style="width: 150px;" type="text"/></p>	<p>Do you own your own property? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' Is it owned jointly or Yes <input type="checkbox"/> No <input type="checkbox"/> as tenants in common Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If the property is registered at the Land Registry what is the Title Number? <input style="width: 150px;" type="text"/></p> <p>Is the property and/or contents insured? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes' please give the name and address of the insurance company and if possible the policy number and renewal month <input style="width: 100%; height: 50px;" type="text"/></p> <p>Are there any other keyholders to your property? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes' please give name and address <input style="width: 100%; height: 50px;" type="text"/></p>
Pets	Other information
<p>Do you have pets? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes' who would look after them if the case should arise? Please give name and address <input style="width: 100%; height: 30px;" type="text"/></p>	<p>Is there any other information you would like us to keep a record of? e.g. Hospital number/ NHS number.</p>

I agree for East Devon Law to keep the above information on their Client Database in accordance with the accompanying Data Protection Privacy Notice.

Signed:

Date:

Spouse/Partner Signed:

Date:

<p>For EDL office use only</p> <p>Client reference number:</p>
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Explanatory Notes

1. Our Client Register is totally confidential, and you only need to complete the parts of the questionnaire that you are comfortable with to provide us with the information you wish us to keep on your behalf. You can become a registered client simply by completing your name address and contact details.
2. You can if you wish give details of your next of kin and this is often helpful for people who have family who live away as we are often used as a first point of contact to ascertain who should be contacted in the event of an emergency.
3. Your employment, National Insurance number and doctor's details are used if we would need to deal with either a Health & Welfare Power of Attorney or an Advance Decision for you or if we are assisting you with any tax affairs as these details would be required to deal with that.
4. There is also the option to record your "life's documentation" to assist either your attorneys or your executors by recording where important documents are kept. If we have acted for you in preparing any of these documents, then the relevant parts of the form will be completed as appropriate.
5. People living on their own are often concerned if there was an accident or if they were taken into hospital that their pets are looked after and there is an option to insert the details of a contact to assist with this as well as a note of who any key holders of your property might be. Please Note: We do not hold keys for client's properties neither do we record code numbers for key safes or alarms.
6. In relation to your property one of the common problems on someone's death is knowing whether the property is insured and if so with whom and when that property's insurance is due. By completing the relevant details, we would be able to pass that information on to your executors to assist them. This could be extremely useful, not only for your peace of mind, but in also co-ordinating and putting into action anything that needs to be done on your behalf to secure your property and other papers
7. If there is insufficient area to record other details you would like us to hold, please use the further information space on the reverse of the form on page 2. Please Note: We cannot hold details of any passwords or codes. Would you please however write in block capitals and preferably in black ink to assist us.
8. On completion of this form please return it to the office in the Freepost envelope provided; the details from the form will then be entered into our database and you will be allocated a unique client number under which your records will be stored. The original completed form will then be returned to you for you to keep as a record of the information you have provided, and we will also provide you with a small sized plastic registration card which can be kept in your wallet or purse and will identify us as willing and able to assist in the event of an accident or other unforeseen occurrence.
9. In addition, we will then send to each registered client an annual printout of the information we keep about them for consideration and if necessary updating. Should you require any information to be updated or deleted from the register this can be done at any time.
10. All information will be held securely. We are a Data Controller registered with the Information Commissioner's Office; the registered Data Controller is Ian Hunt under Register number Z323275X. Any information you supply is solely to assist us in providing you with the best possible service and advice. Please see the accompanying Data Protection Privacy Notice for further details of how we process your personal information and your rights in relation to that information.

If you have any queries before completing this form, please do not hesitate to contact us for further information.