

CLIENT REGISTRATION INFORMATION

Please complete the details below to assist us to accurately open your file and prepare documentation on your behalf.

Your name: _____ Date: _____

How did you hear about our firm?

Your details ...	Other Party's details ...
Surname: _____	Surname: _____
First Name: _____	First Name: _____
Middle Name: _____	Middle Name: _____
Maiden Name: _____	Maiden Name: _____
Date of Birth: _____	Date of Birth: _____
Place of Birth: _____	Place of Birth: _____
Phone (h): _____	Phone (h): _____
Phone (m): _____	Phone (m): _____
Phone (w): _____	Phone (w): _____
Fax: _____	Fax: _____
Address: _____ _____ _____	Address: _____ _____ _____
State _____ Postcode _____	State _____ Postcode _____
Email Address: _____ _____	Email Address: _____ _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____

The charge for this initial conference is **\$400.00** inclusive of GST. This amount is payable on or before your initial appointment.

Please sign and date below once completed.

Sign: _____

elringtons

Dependants:

Child 1 Full Name: _____ Date of Birth: _____	Child 2 Full Name: _____ Date of Birth: _____
Child 3 Full Name: _____ Date of Birth: _____	Child 4 Full Name: _____ Date of Birth: _____
Date of Marriage: _____	Date of Cohabitation: _____
Date of Separation: _____	

For Office Use Only:-

File opened by: SMJ AND NLM MLP GBW Data

entered by: SMJ AND NLM MLP GBW Retainer

required: Y / N

Credit limit: \$ _____

Billing trigger: \$ _____

Your \$400 payment will be lodged in your **elringtons** Trust Account. Any future payments for **elringtons** legal services will also be lodged in the Trust Account. Please sign the authority below to allow access to that account. You will be notified of any transactions on the Trust Account.

TRUST ACCOUNT AUTHORITY

To: Elringtons
Solicitors
GPO Box 807
CANBERRA ACT 2601

Trust Account Authority Authority for Transfer - Trust Moneys and Controlled Moneys

I hereby authorise Elringtons to transfer funds from the trust account and/or controlled money account maintained on my behalf to the firm's office account at any time during the conduct of this matter provided such funds are applied towards:

- (i) disbursements outstanding and paid by the firm provided an outline bill has been submitted to me; and / or
- (ii) fees and disbursements owing providing an outline bill has been submitted to me.

The reference to funds in this authority shall include:

- (a) any funds received on behalf of me by the firm; and / or
- (b) any unapplied trust money.

I acknowledge that you may from time to time, but not more frequently than once in each calendar month, deliver to me an interim account of disbursements incurred and costs claimed to be due to you and fees claimed to be due to you for so much of the legal work and services account together with a Statement of Account on completion of the legal work and services.

Date: _____

Sign:.....

Bank Account Details

(For the return to you, of any moneys held in our trust account - this account will NOT be debited for any reason)

Bank

BSB:Account Number:

Name of Account: (e.g. R Smith)