

**THOMAS GLC CHARTERED ACCOUNTANTS  
CLIENT CONTACT DETAILS**

NAME(S): \_\_\_\_\_

\_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

HOME FAX NUMBER: \_\_\_\_\_

WORK PHONE NUMBER(S): \_\_\_\_\_

\_\_\_\_\_

WORK FAX NUMBER(S): \_\_\_\_\_

\_\_\_\_\_

MOBILE NUMBER(S): \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

INVESTMENT ADVISER: \_\_\_\_\_

SOLICITOR: \_\_\_\_\_

DO YOU HAVE A WILL?: YES / NO

DO YOU HAVE AN ENDURING POWER OF ATTORNEY?: YES / NO – PERSON WHO HOLDS POA \_\_\_\_\_

WOULD YOU PREFER TO RECEIVE OUR NEWSLETTERS VIA EMAIL?: YES / NO