

IDENTIFICATION INFORMATION

The following information is required to be provided in full to complete our records of existing clients, and to compile essential data concerning new clients:

A. INDIVIDUALS

FULL NAMES:	
PERMANENT PERSONAL ADDRESS:	
BUSINESS ADDRESS:	
UTILITY BILL:	Copy of telephone or electricity bill attached
TEL NO.	
FAX. NO.	
EMAIL	
DATE OF BIRTH	
PLACE OF BIRTH	
NATIONALITY	
OCCUPATION	
EMPLOYER	
NATURE OF BUSINESS	
CHARACTER REF. LETTER	
FINANCIAL REF. LETTER	
POLICE CERTIFICATE	
PASSPORT OR NATIONAL I.D. CARD	Copy attached showing number, country of issuance; issue & expiry dates; and signature
SOCIAL SECURITY NO.	
INDEPENDENT VERIFICATION	I hereby authorise Williams Law Chambers its employees or agents to obtain independent verification of the information disclosed herein.
SOURCE OF INCOME	
SIGNATURE	