Client file copy authorisation

Please complete this form if you would like your client file to be copied.
Please indicate whether you would like your paper file or your electronic file copied or both.

Name: ……..……

File to be copied: paper file ☐

electronic file ☐

both files ☐

I/We request the copied files be forwarded to:

Nominated party: _____

Address: _____

_____

_____

Signature: _____ Signature: _____

Date: _____ Date: _____

Office use only

Date authorisation received: _____

Date files copied: _____

Date files sent: _____

Signature: _____

Date: _____

Note: Keep the original of this authorisation on client file.
Attach a copy of this authorisation to copied client file.