

# ***Clothier Anderson & Associates***

PLEASE GIVE THIS FORM TO THE SOLICITOR

*Office Use Only*  
**DEADLINE(S)**...../...../.....  
Reason:.....

## **First Consultation Instruction Sheet**

Date: ...../...../.....

(Please Circle) Mr Ms Miss Mrs Dr Male / Female

First Name:.....Surname:.....

Other/former name(s) used (if applicable): .....

Residential Address:.....

.....Postcode:

Postal Address:.....

.....Postcode:

Telephone No.s: Home:..... Work: .....

Mobile:..... Email:.....

Date of Birth:...../...../..... Date of Last Arrival in Australia:... ..../...../.....

Nationality:.....Person Who Referred You: .....

If you have previously had a Migration Agent/Solicitor representing you, please provide their name and contact details: .....

.....Postcode:

(If applicable) I authorise Clothier Anderson & Associates to communicate with the following person(s) regarding my immigration matters;

Full Name:..... Telephone No:.....

Address:.....Postcode:.....

..... Date:...../...../.....

(Please Sign)

I confirm that a document titled “*Information on the Regulation of the Migration Advice Profession*” has been supplied to me.

..... Date:...../...../.....

(Please Sign)

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### **Office Use Only**

Open File / Don't Open File Yet

File No: .....

Names of Other Relevant Parties and relationship to client (ie. sponsor, siblings, etc): .....

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