

Arrangements by Sole Practitioner to protect clients' assets.

Mr Mrs Miss Other (Please give details):

Name of Attorney: _____

Attorney's number : _____

Name of the Attorney's Practice, Address and telephone number (s):

What are the arrangements that you have in place to protect client files and other property in the event of your death or incapacity:

Legal Profession (Canons of Professional Ethics) Rules, Canon 1 (h) – (k)

Name of Institution(s) where client account(s) is operated?

Your Personal Contact number(s):

Home:

Work:

Mobile:

E-mail address:

Name and contact information for your Representative/Next of Kin who will assume responsibility for client trust property in event of your death or incapacity (name, address, telephone and email):

Name: _____

Address: _____

Email: _____

Telephone Mobile:
