

**THOMAS GLC CHARTERED ACCOUNTANTS  
CLIENT CONTACT DETAILS**

NAME(S):

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RESIDENTIAL ADDRESS:

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POSTAL ADDRESS:

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HOME PHONE NUMBER:

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HOME FAX NUMBER:

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WORK PHONE NUMBER(S):

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WORK FAX NUMBER(S):

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MOBILE NUMBER(S):

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EMAIL ADDRESS:

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INVESTMENT ADVISER:

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SOLICITOR:

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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