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## **AUTHORISATION FROM CLIENT**

Name	
DOB	Nationality:)
Address:	
Post Code:	
Mobile :	Home Phone:
Email :	
I/We have instructed	LEGEND SOLICITORS to act for me in connection with the
following matter	
<b>TO File</b> an APPEAL/ F	FLR APPLICATION
In order to assist and	represent me/us, I/we understand that LEGEND SOLICITORS
may need to disclose	and use personal information it holds about me/us and obtain
personal information h	eld about me/us by other bodies.
I/We consent to these	e uses of my/our personal information and I/we also authorise
LEGEND SOLICITOR	S to obtain my/our personal information and documents from
other bodies or individ	uals where appropriate.
CIONED	
DATE	