



**FORM OF INSTRUCTIONS**

**Note:** We consider it our privilege to serve you and we strive to do so to the best of our ability in accordance with your instructions and the highest traditions and code of ethics of the legal profession in Trinidad and Tobago. Please ensure that this form is completed as accurately as possible to ensure our capacity to deliver the highest quality of service to you. The information provided on this form is considered to be privileged and confidential and we shall treat it as such.

**1. Client Information:** A statement of basic information about a Client/Prospective Client for the purpose of maintaining contact and correspondence.

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Field: \_\_\_\_\_

Home: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Addendum included:  Yes  No

**2. Statement of Facts:** A detailed statement of those facts which are considered to be relevant to this matter should be provided. Matters of opinion may be included.

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\_\_\_\_\_





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**3. Other information:** A statement of facts, opinions or other matters which, while not relevant to the issues to be attended to in this matter, should nevertheless be considered by the Attorneys-at-Law, e.g. financial constraints, scheduling difficulties.

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Addendum included:  Yes  No

**4. Statement of Instructions:** A detailed statement or list of all the actions to be taken by the Attorneys-at-Law in relation to this matter, including but not limited to all the steps which the Attorneys-at-Law are authorized to take on behalf of the Client in pursuing an outcome, which said outcome should be stated.

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Addendum included:  Yes  No

**5. Documents:** A list of all documents considered to be relevant to this matter. Copies of these documents should be attached to this form wherever possible.

1.	3.	5.
_____	_____	_____
2.	4.	6.
_____	_____	_____

Addendum included:  Yes  No



**6. Certificates:** Statements of understanding of various matters given by a client/prospective client for stated purposes.

I,

[PRINT NAME]

hereby certify as follows:

- A. I am the **authorized representative of the [strike out where inapplicable]** Client/Prospective Client named in Section 1 of this Form of Instructions and I am of sound mind and full legal capacity **and I have full legal authority to act for and on behalf of the Client/Prospective Client [strike out where inapplicable];**
- B. I have read/had read over to me the Terms of Engagement for Legal Services in Trinidad and Tobago provided to me and I agree to be bound by them and in evidence of same, I have initialled a copy of those said terms;
- C. I have read/had read over to me all of the sections of this Form of Instructions set out above and the information contained in this Form of Instructions is true and correct to the best of my knowledge and belief and I have, to the best of my knowledge and belief, disclosed to M.G. Daly & Partners all facts and matters which I consider to be relevant to this case;
- D. I have provided the information contained in this Form of Instructions and the attached documents to M.G. Daly & Partners so that they may use the said information and documents for the purposes identified in Section 4 of this Form of Instructions and for such other related purposes as they may consider necessary in their ultimate discretion subject to the Terms of Engagement for Legal Services in Trinidad and Tobago; and
- E. I understand that any further action by M.G. Daly & Partners relative to this matter is at all times conditional upon no conflicts of interest being disclosed as a result of their internal searches and/or at any other time thereafter.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Capacity: \_\_\_\_\_

Witness: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

File Index Number: _____	Attorney Assigned: _____
Conflict Disclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Engagement Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Deposit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial Deposit: _____