

# DR. FINGERLE

## RECHTSANWÄLTE

### Welcome to our law firm!

We kindly ask you to fill in the following client questionnaire completely for proper filing. This data will be stored electronically for processing. Please keep us informed of any changes. Thank you very much!

### To be filled out by the client:

Date:  Date of birth:

First name /  
Manager:  Place of birth:

Name / Firm:  Birth Name:

Street:  City:

Postal code:

Private nr.:  Business Phone:

Mobile phone:  Fax:  busn.  priv.

e-Mail:  citizenship:

► Correspondence preferred per:  E-Mail (unencrypted see notes on data privacy)  
 Fax  Letter post

Bank account:  in:

IBAN:  BIC:

Legal protection insurance:  no  yes, at:

Excess:  € Insurance nr.:

Policyholder:

Please send the firm's regular newsletter with current information, jurisprudence and event notices to the email address above.

yes  no

Consent to receive the newsletter can be revoked at any time, by e-mail, fax or letter post.

I agree to the storage of my personal data beyond the termination of the mandate until revocation.

yes  no

According to § 14 Abs.1 S.7 UStG I waive the compliance with the formalities for invoicing from § 10 RVG and agree to the electronic invoice.

yes  no

The "Information on the processing of personal data" has been handed over to me.

X

Signature (client) (hold down)

The information according to the Service Information Obligations Ordinance (DLInfoV) can be viewed at the reception desk.