

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 or
Manager: Place of birth:

Name or 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 law firm's regular newsletter with current information, jurisprudence and event information to the email address provided above.

yes no

Consent to sending the circular can be revoked at any time, for example by email, fax or post.

I agree that the aforementioned data may be stored and used even after the termination of the client relationship for:

later contact by the law firm.
 future mandates.

Note on consent: My contact details will not be transmitted to third parties without my or legal permission. I am aware that I can revoke this consent with effect for the future at any time without explaining reasons by telephone, in writing or by email.

X

Signature (client) (hold down)

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

Stand: 12.08.2024