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**CLIENT CONSENT AND AUTHORIZATION**

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Please be advised that I have retained the law firm of TSN Law to act as my solicitor in a legal matter.

Please accept this signed document as your authorization and instructions to turn over such financial or other information as they may request and require for filing or preparing documents. Please note this information will be subject to confidentiality policies and will only be used in the proceedings for the file noted below.

My name is \_\_\_\_\_

My address is \_\_\_\_\_

My social insurance number is \_\_\_\_\_

**I ASK AND AUTHORIZE YOU** to send requested information to:

TSN LAW  
217 First Street West  
Box 850  
Nipawin, SK. S0E 1E0  
Phone:(306) 862-3111  
Fax:(306) 862-2560

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Telephone number

Lawyer in charge of file: «Lawyer»  
File: «FileNo»