

Legal Advice Service Statement

This document confirms that the undersigned has received legal advice from the following service provider:

Client Information

Full Name:

Address:

Contact Number:

Service Provider Information

Lawyer/Service Provider Name:

Firm/Organization:

Contact Number/Email:

Consultation Details

Date of Consultation:

Type of Legal Advice:

By signing this document, the client acknowledges receipt of legal advice from the above-mentioned provider on the specified date.

Signatures

Client Signature:

Provider Signature: