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REPRESENTATION AGREEMENT PLANNER & QUESTIONNAIRE

To keep the process of creating a representation agreement simple, the following planner and questionnaire will provide us with information that we will use to draft the representation agreement. This planner and questionnaire assumes that only British Columbia law applies to you.

Please note that your Representative must be of legal age (19 years old) and is required to sign the document to accept the position as your Representative. However the Representative's signature does NOT need to be witnessed in the presence of a lawyer/notary.

Please return the planner and questionnaire via email, fax or drop of the planner to our office. One of our staff members will contact you within one business day to book an appointment. If we do not respond to you within one business day, you may wish to contact us directly by phone or email. Should you have any questions, please call us at 604-689-3667. Our door is always open and we look forward to assisting you.

Engaging Open Door Law Corporation

Please note that the provision of information to our office does not mean that you are represented. While we are glad to be able to assist you with your matter, our engagement will only begin once we have confirmed that we are acting for your or if there is contact to work on the file. If you have any questions about the foregoing, please do not hesitate to let us know.

PART 1 - PERSONAL INFORMATION OF THE DONOR

Your Full Legal Name: Mr. () Mrs. () Ms. () Dr. () _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (Primary): _____ (Secondary): _____

Email: _____ Occupation: _____

PART 2 - PRIMARY PERSON YOU ARE APPOINTING AS YOUR REPRESENTATIVE

(If you have a spouse or partner, he/she would normally be the first choice.)

Representative's Full Legal Name: Mr. () Mrs. () Ms. () Dr. () _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Relationship to you: _____ Telephone: _____

Date of Birth: _____

PART 3 - ALTERNATE PERSON YOU ARE APPOINTING AS YOUR REPRESENTATIVE (optional)

Representative's Full Legal Name: Mr. () Mrs. () Ms. () Dr. () _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Relationship to you: _____ Telephone: _____

Date of Birth: _____