M.S. DEAL & ASSOCIATES LLC

Immigration Consulting | Legal Support | Document Preparation | Justice of the Peace

www.askmelissadorsett.com | Nassau, The Bahamas

CLIENT AUTHORIZATION, CONSENT & PRIVACY FORM

Use this form with the selected client service. It is designed to document consent for information handling and limited administrative liaison; it does not authorize legal representation or allow anyone to sign official declarations on the client's behalf unless the law and a separate written authority permit it.

CLIENT IDENTIFICATION

Full Legal Name	
Date of Birth	
Email	
Telephone	
Matter / Reference No.	
Selected Service	

A. CONSENT TO COLLECT AND PROCESS INFORMATION

☐ I consent to the collection, storage, review, and processing of personal information and documents reasonably necessary for my selected service.

☐ I understand that sensitive information may include passport/identity data, civil-status records, financial information, immigration history, court information, and other records relevant to my matter.

☐ I authorize reasonable verification of documents and information where necessary for the service.

B. LIMITED AUTHORITY TO LIAISE

☐ I authorize M.S. Deal & Associates LLC to communicate with relevant government departments/agencies concerning the administrative status or requirements of my matter, where permitted.

☐ I authorize communication with courts/registries, employers/sponsors, educational institutions, lenders/financial institutions, translators, couriers, or other service providers only as reasonably necessary for my selected service.

☐ I understand that official applications, sworn statements, declarations, and signatures remain my responsibility unless the applicable authority expressly permits an authorized representative to act.

C. ELECTRONIC COMMUNICATION

☐ Email

☐ Telephone / SMS

☐ WhatsApp

☐ Website client portal

☐ Video meeting (when arranged by the office)

D. SECURITY AND ACCESS

I will not provide online-banking passwords, card PINs, one-time verification codes, or unrelated account credentials. If account or financial evidence is required, I will provide statements or documents through an approved channel.

E. CONSENT CHOICES

Persons the office may speak with on my behalf (if any)	
Relationship to client	
Specific limitation on authority (if any)	

ACKNOWLEDGMENT

I understand why the information is being collected and how it may be used for my matter. I may ask questions about the information held about me and may request correction of inaccurate information, subject to applicable law and record-retention obligations.

_____ _____

Client Signature **Date**