



Menelik Court, Off Ngong Road (Opp. Menelik Health Centre)
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CLIENT INFORMATION FORM

1. Client _____ Date _____

File No. (To be filled by Staff) _____

Staff Member Present (to be filled by Staff) _____

2. Nationality _____ Age _____

Address _____ Phone _____

Occupation _____ Gender _____

Family Contact _____ Email _____

3. Matter (brief description e.g seeking legal advice, counseling e.t.c)

4. Assigned Staff Member (to be filled by Staff member Present) _____

5. Kindly explain the purpose of the visit in detail _____

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I hereby declare that the above statement is true to the best of my knowledge and belief.

Dated: _____, 20____. Signature _____

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6. Action taken _____

7. Follow up date (if applicable) _____

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