

THIRD PARTY AUTHORITY FORM

Name:	
Account Number(s):	

List account number(s) which this form relates to.

Please accept this form as my authorisation for: -

Name:

Address:

Daytime Telephone:

Relationship to the Above:

Signature:	
Date:	

To give instructions on all aspects of the above account(s) on my behalf

To have access to my account(s) for the purpose of viewing on-line valuations.

(Cross out either above option if not required)