

## THIRD PARTY AUTHORITY FORM

<b>Client Name:</b>
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<b>Account Number:</b>
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Please accept this form as my authorisation for: -	
<b>Surname:</b>	
<b>First Names</b>	
<b>Address:</b>	
<b>Date of Birth</b>	
<b>National Insurance Number</b>	
<b>Daytime Telephone:</b>	
<b>Relationship to the Above:</b>	
If you are an <b>AGENT</b> being given third party authority you must have an <b>LEI</b> .	
Please detail your LEI number : -	
To give instructions, have access to information about my/our investments either verbally, in hard copy or via client web access, as well as request the movement of my/our investments and the payment of money to an account in my/our name until cancelled by me in writing.	
<b>Third Party Signature:</b>	<b>Date:</b>
<b>Client Signature:</b>	<b>Date:</b>
For details of how we process your data and your associated rights under the General Data Protection Regulation (GDPR) when you have been granted third party authority over one of our client's accounts please visit Section 26 of our General Terms and Conditions of Business at <a href="http://www.pilling.co.uk">www.pilling.co.uk</a> . Paper copies are available upon request.	