

# THIRD PARTY AUTHORITY FORM

**Client Name:**

**Account Number:**

Please accept this form as my authorisation for: -

**Surname:**

**First Names**

**Address:**

**Date of Birth**

**National Insurance Number**

**Daytime Telephone:**

**Relationship to the Above:**

If you are an **AGENT** being given third party authority you must have an **LEI**.

Please detail your LEI number below: -

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 investments and the payment of my money to an account in my name until cancelled by me in writing.

**Third Party Signature:**

**Date:**

**Client Signature:**

**Date:**