

Wade House  
Merrion Centre  
Leeds  
LS2 8NG

Your name(s):

Client 1 \_\_\_\_\_

Client 2 \_\_\_\_\_

Your address and postcode:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your client reference number (if applicable) \_\_\_\_\_

I/we authorise \_\_\_\_\_

(insert name of person and relationship to you) to act on my/our behalf and discuss my/our financial situation with you.

Representative date of birth: \_\_\_\_\_

Representative full address (incl. postcode)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client 1 printed full name: \_\_\_\_\_

Client 1 signature: \_\_\_\_\_

Client 2 printed full name: \_\_\_\_\_

Client 2 signature: \_\_\_\_\_

Date: \_\_\_\_\_