# Client Authority

I/We hereby authorise as indicated below:

|  |  |
| --- | --- |
| Tel: Email: FCA No:  | **And their agents:**Wiltshire Paraplanning LtdTel: 01285 655713Fax: 01285 702366Email: wiltshirepp@sjpp.co.uk |

to approach the company(ies) listed below to obtain all information that they require regarding my existing policy(ies) with them.

Please note that the authority is for information only and is not a request for servicing rights or Ongoing Advice Fees.

|  |  |
| --- | --- |
| **Name of Company** | **Policy Number (where known)** |
|  |   |
|  |  |

Client name(s):

Client address:

Client Date(s) of Birth:

Client National Insurance Number(s):

Client signature(s):

Date: