
Authorisation To Provide Information To Your Professional Adviser

Please complete this form in **BLOCK CAPITALS** and then return to Aldermore Corporate Treasury at the following address: Aldermore Corporate Treasury, 6th Floor, The Monument Building, 11 Monument Street, London, EC3R 8AF. If you have any questions regarding this form, please contact Aldermore Corporate Treasury on 0207 330 3030.

This form should be completed in conjunction with reading our privacy policy (www.aldermore.co.uk/legal/privacy-policy). By completing and signing this form, you are confirming that you have read and accept it.

Name of account holder:

Account holder's full address for all correspondence:

Postcode:

Telephone number:

For completion by the Professional Adviser

Full name of regulated firm:

Address for correspondence:

Postcode:

Name of regulator:

Regulator reference number:

I/We hereby confirm that you may provide my Professional Adviser, as detailed above, with copies of my/our statements, advices and contracts, if requested by them, and that you may also accept investment instructions from them. This authority is to remain in force until such time as you receive written notice from me/us to the contrary.

Signature (account holder)

Signature (2nd signatory – if applicable)

Print name:

Print name:

Date:

Date:

Aldermore