Letter of Authority

I / we request that you provide **First Service Financial Limited** with any and all information related to the policies detailed below.

Please mark any correspondence for the attention of:

Adviser's Name:

First Service Finanical Limited
Wyvernhoe House
16 Wyvernhoe Drive
Quorn
Leicestershire
LE12 8AP
FCA NO: 479175

CLIENT(S) NAME: …… ……

CLIENT(S) ADDRESS: ……

……

……

……

National Insurance No: …… ……

DATE OF BIRTH: …… ……

SIGNATURE(S): …… ……

DATE: …… ……

Policy Number	Policy Type (e.g. pension etc.)	Provider: Name & Address