

Authority to Act

YOUR DETAILS		USE THIS FORM TO AUTHORISE SOMEONE TO ACT ON YOUR BEHALF	
Client name(s):		Customer no.	
Client physical address: Postcode:		Date of Birth: / /	
Email address:			
Home phone:		Mobile phone:	
Drivers Licence No:		<input type="checkbox"/> Drivers Licence attached (copy)	
AUTHORITY TO ACT		DETAILS OF THE PERSON YOU ARE GIVING AUTHORITY TO ACT ON YOUR BEHALF	
Authorised person full name(s):		Date of Birth: / /	
Relationship to client: <i>(spouse, daughter/son, solicitor)</i>			
Authorised person physical address: Postcode:			
Email address:			
Home phone:		Mobile phone:	
ACCESS		THIS AUTHORITY TO ACT COVERS THE BELOW (tick ONE only)	
<input type="checkbox"/> Specific account(s) only. Please list specific account number(s):		<input type="checkbox"/> This authority is valid until: / /	
<input type="checkbox"/> ALL accounts		<input type="checkbox"/> Further Notice	
DECLARATION			
<p>I authorise Gilrose to carry out or initiate information/transactions in accordance with this authority. I understand that this authority comes into effect from the date Gilrose receives and processes this form. I understand that I am giving my nominated person authority to access my information. I understand that the cancellation of this authority must be made in writing. Cancellation will not be effective until received and processed.</p>			
SIGNATURE			
Applicant name:		Signature:	Date: / /
Authorised name:		Signature:	Date: / /