

LETTER OF AUTHORITY

Address:

Dear Sir/Madam

Name(s):

Date(s) of birth:

Policy / Reference Number(s):

I/we authorise and request you to provide Cilbenrick Limited of 6 Southgate Road, Southgate, Swansea SA3 2BT (FSA Number 472971) with any information they may request from you concerning my/our financial, investment, insurance, pension or other arrangements.

Yours faithfully

Client 1 Signature

Client 2 Signature