

# Third Party – Information Only



Please complete this form if you wish to approve a Third Party to request information about your account. If you have any questions about completing this form, please call our Customer Experience Centre on **0345 0700 720**.

Please complete all the fields in this form (where applicable).

## Section A: For completion by the principal account holder/SIPP member

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Full name

Telephone number

Account number

## Section B: Third Party/Agent's details

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Full name

Telephone number

Email address

Postal address

Relationship to account holder

## Section C: Declaration

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As the account holder, you hereby authorise the agent, whose details appear in Section B of this form to request and receive information relating to the above account number. You agree to any communications being sent to the address/email in Section B and are aware of the £25 + VAT fee applicable per request for such communications.

Debit fees from my Dealing Account:

Debit fees from my Flexible Stocks & Shares ISA:

**The Agent is not permitted to:**

- change any account information
- carry out or instruct any transactions

Notwithstanding the above authorisation of the agent, you will continue to be able to manage your accounts in accordance with our Terms and Conditions. **This authority will remain in place until cancelled by you.**

### Sign the form

To sign this form you may provide an electronic signature. You can do this via your Adobe Acrobat Reader DC, or DocuSign which is a free of charge service.

Instructions to create an electronic signature are as follows:

1. On Adobe open the file, or on DocuSign upload the file
2. In the editor, select sign and draw your signature. Then place your signature in the signed box below
3. Save the document and follow the return instruction in the 'Next Steps' section.

Please note, we cannot accept a typed or written name in the box below. Alternatively, you may print and sign the document.



## Section C: Declaration continued

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Account holder's name

Account holder's signature

Date

Day

Month

Year

Agent's name

Agent's signature

Date

Day

Month

Year

## Next Steps

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To return your form, please send to [forms@eqi.co.uk](mailto:forms@eqi.co.uk), this and all related documents must be received from the registered email on your EQi account. Forms received from an unregistered email account will not be actioned, to assist with this please login to your account and ensure all contact details are correct.

Alternatively you can post the form to: **EQi, PO Box 4923, Worthing, BN99 6SF**