

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

Full name

Telephone number

Account number

Section B: Third Party/Agent's Details

Full name

Telephone number

Email address

Postal address

Relationship to account holder

Section C: Declaration

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 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.**

Account holder's name

Account holder's signature

Date

Day

Month

Year

Agent's name

Agent's signature

Date

Day

Month

Year

Please remember to print and sign your form with a wet signature before submission.

Please return this form to: **EQi, PO BOX 4923, Worthing, BN99 6SF**

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