GENERAL AUTHORITY

Company/ Organisation	
Account/ Plan number(s)	

And all other policies, plans, and accounts if applicable

Authority to Act

- a) Please note that I / we have appointed: Alan Moran of Interface Financial Planning Limited 122 Hamstead Hall Road, Handsworth Wood, Birmingham, B20 1JB [Tel 0121 554 4444 Email: alan.moran@interfacefp.co.uk] as my / our Independent Financial Advisers: Authorised and regulated by the Financial Conduct Authority registration number 424729
- b) This authority applies to Alan Moran, employees of Interface Financial Planning Limited, and any other person authorised by Alan Moran.
- c) I/we authorise them to obtain all information in respect of my/our general affairs with you. Please release to them any information that they may request.
- d) I/we wish the appointment to take place with immediate effect and the date of this appointment is shown below.
- e) This authority is intended to be on-going until cancelled by me in writing. Please retain this authority and note my / our file accordingly.

CLIENT		PARTNER*
Signature(s)		
Full Name(s)		
National Insurance Number(s)		
Date(s) of Birth		
Address(es)		

*Note: If the plan or account is in joint names both signatures are required
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Date / / 20

