

THIRD PARTY AUTHORITY REQUEST

Please complete the following information as fully as possible.

1. Insert full name of third party:

Title: _____

First Name: _____

Surname: _____

2. Signature of third party:

3. Relationship of the Third Party to the Account Holder (e.g. father, spouse etc)

Please accept this letter as authorisation for Keystone Property Finance and its agents to correspond and speak with the above named individual regarding the following mortgage account. This authority will remain in place for a period of 12 months from the date of signing.

PLEASE NOTE: this authority does not allow the authorised person to control, instruct changes or make payments to the account. Notwithstanding this authority, standard correspondence and information concerning this account will continue to be issued to the account holder.

Customer Name(s):

Account Number:

Customer signature(s): (1) _____

Date of signing: (1) _____

Witness Name:* _____

Witness Signature: _____

Date of signing: _____

* Please note the witness must be independent, unrelated and over the age of 18.

The Third Party Signatory must complete this section in full:

1. Permanent residential address _____

2. Date of Birth _____
3. Nationality _____
4. Home Telephone: _____
5. Mobile Telephone _____
6. Occupation (previous if retired) _____
7. Employer's name _____