

THIRD PARTY AUTHORISATION ACCESS ONLY

By completing and signing this form, you can authorise a named person only to receive and access information on your account. The Authorised Person will not be able to give instructions, buy or sell investments, or change any details on your account.

Please complete this section in full

CLIENT

Client Name _____ Client Name 2 (if joint account) _____

Account Reference(s)

Client Address _____

AUTHORISED PERSON

Name _____

Address _____

Online Services

To provide online access to your account(s) please tick here
(if you choose this option a Username & Password will be sent by post to the authorised person)

*Mobile Number _____ *Email _____

*An email address and mobile number are required to use online service

THIRD PARTY – ACCESS ONLY

I/We _____ appoint the above-named _____ as my/our Authorised Person to receive information including portfolio valuations and statements relating to my/our account(s) with Davy, reference set out above. I/We authorise Davy to discuss my/our account(s) with the Authorised Person. I/We understand that the Authorised Person will not be able to give instructions on the account, enter into investments on my/our behalf, or change details on my/our account(s).

I/We intend this authorisation to last: (please select one only)

for _____ days/weeks/months/years from the date on this form (delete as appropriate)

until _____ dd/mm/yyyy

until Davy receives notice in writing from me/us stating that I/we want to end the authorisation

SIGNATURE(S)

I understand that this authorisation will no longer be effective in the event of my death.

ACCOUNT HOLDER	JOINT ACCOUNT HOLDERS
Signature _____	Signature _____
Date _____	Date _____