

Jones Financial Planning Ltd, Client Authority Letter
93 Normanston Drive
Oulton Broad
Lowestoft
Suffolk
NR32 2PX

Client Details

Provider Details

Date:

Ref: Policy / Plan Number:

Plan Type:

To whom it may concern.

Please accept this as letter of authority to disclose any details of the above to Jones Financial Planning Limited.

In case of incorrect policy numbers please extend this authority to any policy / plan which I hold with your company.

I hope this is sufficient for your needs but please do not hesitate to contact me should you require any further information.

Yours Faithfully

..... (Sign)

..... (Print)