

Beckford James

chartered financial planners

Letter of Authority / Information Request

Full Name:	Date of Birth:
Address:	
Postcode:	Home Telephone:
Work Telephone:	Mobile Telephone:
Email:	National Insurance Number:
How did you hear about us?	

Dear Sir / Madam,

I have instructed Beckford James to complete an independent review on my behalf. Please provide Beckford James with any information that they require until further notice. (At this stage please do not inform the existing adviser(s) of this request).

Please send the information within the next 7 days to:

LOA@beckfordjames.com or to Beckford James, Queen Square House, Queen Square Place, Bath, BA1 2LL.

Yours faithfully,

Signature:

Date:

Name, Address & Telephone Number of Existing Provider	Type	Existing Policy Numbers	Approximate Value

Data Protection

By completing the 'Information Request' form you agree that the information that Beckford James holds about you (including any sensitive personal data) can be held on computer and/or paper files. You agree that any information which you give us may be processed by us, and also disclosed by us to third parties (such as other group companies, any company that introduced you, our regulators and product providers) and held and processed by them, for purposes relating to proving you with advice, maintaining your client records and processing your application, and may be disclosed to a third party upon the sale of all or part of our business to that third party.



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