

Authority to Provide Information to Third Party

Complete this form to allow a third party to access information about your Wealthtime Select account. This access can only be provided if all parties have online access to the Wealthtime Select platform.

Client details

Full name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Client number	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Third party details

Full name of authorised person(s)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Client number	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Full name of authorised person(s)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Client number	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Client signature and authority

I hereby consent to and authorise Wealthtime Limited to provide any information in respect of my Wealthtime Platform including online access to the authorised person(s) named above (This person must also be a client of Wealthtime Select and registered as an online user with Wealthtime Select).

I understand and accept that this authority will be subject to any terms and conditions Wealthtime Select may choose to impose.

This authority will continue until revoked by myself by notice in writing addressed to Wealthtime Select.

Client(s) signature	<input type="text"/>		
	(If a joint/corporate/trustee account all authorised signatories must sign)		
Full name of client	<input type="text"/>		
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

If you require this document in an alternative format please contact us.