

To: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Letter of Third Party Authorisation/Representative

We are currently engaged with the Bank in reviewing our financial circumstances and mortgage repayments. As part of this process, we wish to nominate the following third party to act on our behalf:

Name	IMS Financial
Address	5 Ormonde Road Kilkenny
Contact Phone Number(s)	056-7756122
Email Address	padraig@imsfinancial.ie

I/We:

1. Confirm that our nominee above has our authority to act on our behalf in relation to our liabilities with the Bank;
2. Consent to the Bank liaising and corresponding with, disclosing information to and engaging in full and frank discussions with the nominee above in relation to all matters relating to and impacting on our liabilities with the Bank;
3. Acknowledge that this does not preclude the Bank from contacting us directly in relation to other matters.

Regards

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Name Printed \_\_\_\_\_ Name Printed \_\_\_\_\_