

Authorisation Form

Broker Authorisation

PLEASE USE TYPE BLOCK CAPITALS ON THIS FORM; Then print, sign and post back.

I hereby request and authorise the companies indicated below, to release client and policy data relating to the business written under the agency numbers/ codes listed below for the sole purpose of having such data made available to us in the software applications provided to us by Lunar Technologies Ltd.

Broker Name:	Central Bank Number:

Address:

Contact Name:	Contact Number:

Title:	Date:
	/ / 2018

Signature(s) of Authorised Person (Director/Partner):
(For Companies 2 Directors or Director and Secretary must sign)

SIGNATURES: 1) _____ 2) _____

PRINT NAME: _____

Agency Codes (Important: It is mandatory to accurately complete each section fully)

Authorisation / Instruction to:

Provider	Agency Code(s)
Aviva	
Irish Life Health	
Irish Life	
Friends First	
New Ireland	
Standard Life	
Zurich Life	
BCP Asset Management Ltd	
Royal London (Caledonian Life)	
Davy Select	

