

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	

Authorisation Form

Name of Authorised User	E mail Address	Mobile Number

Please POST the completed and signed original form to:

Money Advice
Lunar Technologies Ltd
Station Rd, Ennis, Co. Clare

Queries to
Tel: 065 6849675
support@moneyadvice.ie