



Client Name:

Client Address:

Postcode:

Provider Name:

Provider Address:

Postcode:

Dear Sirs

Re: Letter of Authority

Policy Number(s)

- 1.
- 2.
- 3.

Please take this letter as written confirmation that I/we authorise you to make readily available all policy specific information to the adviser listed below:-

BBT Group Ltd
 2 Benton Office Park
 Bennett Avenue
 Horbury
 Wakefield
 WF4 5RA

Tel: 0344 414 1360

Fax: 0344 414 1361

Yours faithfully

Signed

Date

Signed

Date