ASPECT
FINANCIAL SOLUTIONS
BESPOKE FINANCIAL ADVICE

Letter of Authority

Appointment of Aspect Financial Solutions Ltd

Full Name: (first client)	Date of Birth:
Full Name: (second client)	Date of Birth:
Address: Post Code:	
Date:	

To whom it may concern

Please accept this letter as *my/our authority and request for you to provide Aspect Financial Solutions Ltd with any information they may request from you with regards to *my/our business, investment, insurance, banking, mortgage, pension or other financial arrangements.

* Delete if not applicable

Many thanks in advance for your help.

Yours faithfully,

Signature:	Name in block capitals:
Signature:	Name in block capitals:

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Aspect Financial Solutions Ltd is authorised and regulated by the Financial Conduct Authority