

LETTER OF AUTHORITY

To Company :		Dated :
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		-
		-
		ie Webb Associates LTD, 17 Mary Vale, Godalming, policy/policies listed below:
Information on policy/policies		(Mackenzie Webb Associates will not accept any liability for claw- back of historic commision)
Policy Number :	Type of Policy :	
	(i.e. Pension/Final Salary/Bond/IS/	A/Investment/Endowment/Protection/Whole of Life/Other - please specify)
Policy Holder 1 :		Policy Holder 2 :
Signature :		Signature :
Client Name :		Client Name :
Date of Birth :		Date of Birth :
National Insurance No. :		National Insurance No. :
Address :		Address :

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