



# Authority to Act

## TO THE MORTGAGE COMPANY:

Name of mortgage company:

Account number :

Security address :

Post code :

Please accept this as my/our permission for you to give information about my/our mortgage account to Adelpha Capital Ltd.

	APPLICANT 1	APPLICANT 2
Name :	<input type="text"/>	<input type="text"/>
Signature:	<input type="text"/>	<input type="text"/>
Date :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

## TO WHO IT MAY CONCERN:

Please accept this as my/our permission for you to give information about me/us to Adelpha Capital Ltd.

	APPLICANT 1	APPLICANT 2
Title :	<input type="text"/>	<input type="text"/>
Forename :	<input type="text"/>	<input type="text"/>
Last name :	<input type="text"/>	<input type="text"/>
Signature :	<input type="text"/>	<input type="text"/>
Date :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>