



# 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 :

Signature:

Date :  /  /   /  /

## TO WHOM 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 :

Forename :

Last name :

Signature :

Date :  /  /   /  /