

HALIFAX SHARE DEALING ACCOUNT THIRD PARTY AUTHORISATION FORM

Please complete all sections in BLOCK CAPITALS, sign and date the declaration and return the form to us in the pre-paid envelope provided.

Section 1: Halifax Share Dealing Account Code

D										
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Section 2: Sole/First Account Holder's Personal Details

Title

Surname

Forename(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Current address

Post code

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Personal Reference Number

0	0	0							
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Section 3: Additional Account Holders' Details (where applicable)

Full Name of Second Holder

Full Name of Third Holder

Full Name of Fourth Holder

Section 4: Authority level given to the Authority Holder (please tick 1 box)

- Enquiry only** - by telephone or in writing i.e. the third party is authorised only to request verbal confirmation of trading activity, holdings, valuation.
- Dealing and Enquiry authority** - by telephone or in writing. This is the same access as Enquiry only; however in this instance you authorise the third party to place trades on your account.

Section 5: Authority Holder details

Full name of the third party (Title, forenames & surname of individual or Company name)

Current Address

Post code

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Date of birth (for individuals)

D	D	M	M	Y	Y	Y	Y
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Password*

***The password is chosen by you and the authority holder. The authority holder must quote their password at all times when contacting us.**

Section 6: Declaration - All Account Holders Must Sign

This authority is effective on the date received by Halifax Share Dealing Limited. If you wish to cancel this authority please contact our Customer Registration and Support Department in writing otherwise it will remain in force indefinitely.

This authority to enquire and/or deal on your behalf does not allow the authority holder to sign transfer documents on your behalf, or request changes to account holder information.

You can opt to have copies of the contract notes for all the trades placed on your account to be sent automatically to the authority holder at no charge by advising us by phone or in writing.

I/We understand that I/we may incur a charge for any ad-hoc statements and valuations requested by the authority holder.

I/We confirm that the information given on this form is true and correct. I/We give our consent for the above named person to enquire and/or deal on the account as indicated above.

Signature(s)

First named or sole holder:

Date

D	D	M	M	Y	Y	Y	Y
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Second named holder:
(if applicable)

D	D	M	M	Y	Y	Y	Y
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Third named holder:
(if applicable)

D	D	M	M	Y	Y	Y	Y
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Fourth named holder:
(if applicable)

D	D	M	M	Y	Y	Y	Y
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