	From
To :	
	Date
Dear Sirs	Letter of Authority
Ref: Policy/ Plan Ac	ount Number(s)
I/We wish to appoint:	
	Ray Jenkins Anglo International Group Ltd 170 Epsom Road Guildford Surrey GU1 2RP
and I/we authorise yo	dviser in respect of the above-mentioned policy(ies)/accounts u to transfer the servicing rights and to provide him or any of n Anglo International Group Ltd with information in respect of
Yours faithfully	
 Owner	Joint Owner
NOTE:	
If not completed pleas the plan/policy no. and	e complete your name and address, the name of the company, sign.

Please return the completed Letter of Authority to:
Anglo International Group Ltd. 170 Epsom Road, Guildford, Surrey. GU1 2RP

Freephone: 0800 193 1066 Tel: 01483 300377

info@angloifa.co.uk Email: