

Authority to disclose information

Attn. Account Relationship Manager

Name/address of Bank:

Dear Sirs

I/We authorise (Bank's name) _____, including all branches and subsidiaries, to provide any information requested from time to time by Jackson & Jackson (trading name of Jackson Nicholas Assie Limited), until this authority is withdrawn by me/us in writing.

On Behalf Of:

Account/Company Name: _____

Main account number: _____

Sort Code: _____

Authorised signatory: _____

Print Name: _____

Date: _____

Authorised signatory: _____

Print Name: _____

Date: _____

Authorised signatory: _____

Print Name: _____

Date: _____

Please sign in accordance with the Bank Mandate*

(* Please note this relates to the signing rules that have been set up for the account, i.e. one to sign, two to sign, etc. Note the directors/names of signatories may have changed since the account was opened.)