Form of Authority



(1)	I/We					
		Diagona insert full name of neroon(a) (ergeniegtion granting sutherity)				
		Please insert full name of person(s) / organisation granting authority. Please note that we require authority from every person in whose name file was held.				
(2)	Of					
		Please insert full address and postcode of person(s) granting authority.				
Hereby request and authorise Lester Aldridge LLP of Russell House, Oxford Road, Bournemouth, BH8 8EX as Intervention Agents in respect of the firm (insert name of closed firm) to transfer files previously in the possession of that firm to the following address:						
(3)						
		rt full name and address of recipient of file(s). tors are appointed please enter their details here.				
(4)	I / We attac	I / We attach photocopies of identification evidence as follows:				
	1.		1.		Please insert details of the identification evidence being supplied. EITHER	
	2.		2.		1 x copy of photo ID OR	
					copies of 2 x recent utilities bills.	
(5)	Signed		Signed			
	Print name		Print name			
	Date	Date		Date		

Please complete this form and return it with any enclosures to Lester Aldridge's Interventions Team. They can be contacted via:

Email: interventions@LA-Law.com

Post: FAO Interventions Team (Ref: 3.KET.SRA.2.), Lester Aldridge LLP, Russell House, Oxford Road, Bournemouth BH8 8EX

Tel: 01202 786341 | Email: interventions@LA-law.com | www.lesteraldridge.com





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