



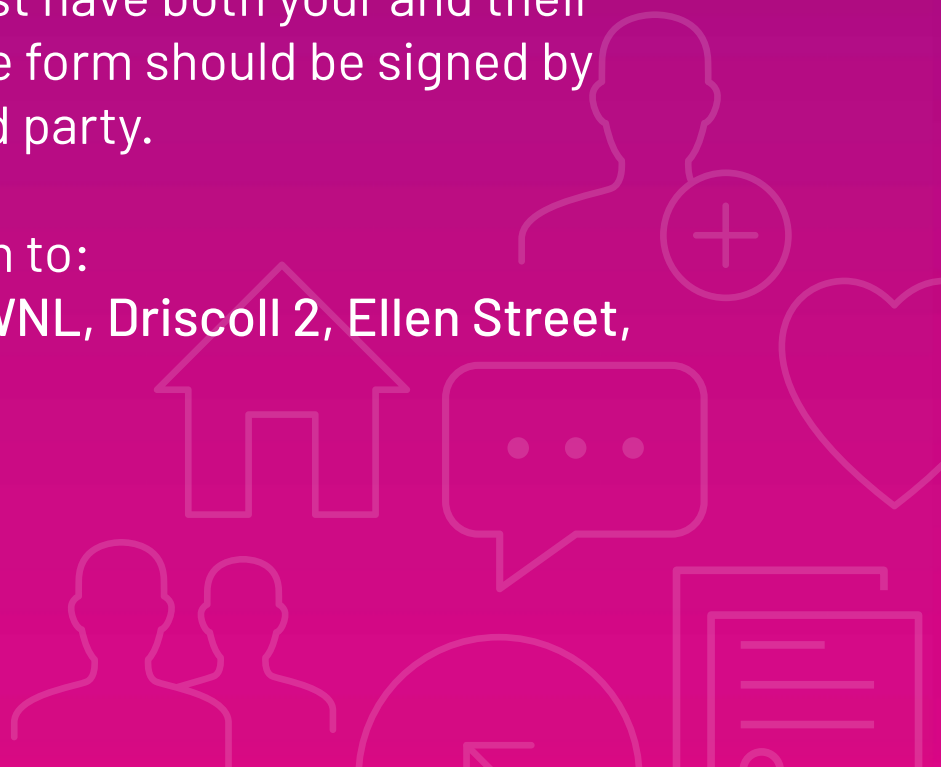
Third Party Application Form

Please fill out this form if you would like to nominate someone else to discuss or manage your account on your behalf.

So IWNL can disclose information to another party on your behalf, we must have both your and their consent in writing. The form should be signed by you and the nominated party.

Please return this form to:

**Customer Services, IWNL, Driscoll 2, Ellen Street,
Cardiff, CF10 4BP.**



Section One - Your Details

Customer Account Number

Title

First Name

Last Name

Address and Postcode

Contact No.

Email Address

Section Two - Nominated Third Party Information

Title

First Name

Last Name

Address and Postcode

Contact No.

Email Address

Relationship to Customer

Section Three - Consent

I hereby authorise:
with regards to:

to discuss/manage my account

Dealing with general account
queries and billing queries

Pay bills but is not legally liable (permission
from the cardholder is always required).

Being contacted if bills are not paid

Bills to be sent to authorised third party

Tick box if billing address for third party is same as above in section two.

Update Address

Signed Customer

Date

Signed Nominated Third Party

Date

