



## Third party consent application form

To nominate somebody to discuss your account on your behalf, please fill in the form below and send back to IWNL, Driscoll 2, Ellen Street, Cardiff, CF10 4BP, or send us a contact form at [iwnl.co.uk](http://iwnl.co.uk). If you have any queries about this form, please contact us on 02920 028711.

For us to disclose information to somebody else on your behalf, we need your consent and their consent in writing. The form should be signed by you and the nominated third party. By completing the below form, you are giving us permission to discuss/manage your account with your nominated third party. If you want to cancel this arrangement or request another form, you can log into your account or contact us for more information.

Your account number:			
Your name:			
Your address:			
Daytime phone number:		Mobile number:	
Email address:			

Third party's name:			
Address:			
Daytime phone number:		Mobile number:	
Email address:			
Relationship to you:			

What do you want your nominated third party to do:

Deal with general account queries and billing queries		Pay bills with permission from the cardholder. (The third party would not be liable for the charges.)	
Be contacted if bills are not paid		Receive my bills	

If you want the billing address for the third party to be different to the one above, give the address.	
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Your signature:		Date:	
Nominated third party's signature:		Date:	