

Third Party Authority

Plan Number:

Name:

I authorise Holloway Friendly to discuss my claim with the following third party for 6 months or until my claim ends:

Title	
Name	
Surname	
Date of Birth	
Address	
Telephone Number	
Mobile Number	
Email Address	
Relationship to you	

Signed _____

Date _____

You can withdraw this consent at any time by emailing claims@holloway.co.uk or calling us on 01452 782 754.