

THIRD PARTY AUTHORISATION FORM**ABC CASE NUMBER****BORROWER NAME**

For office use only

Please accept this letter as my/our written authority for you to obtain information from or provide information to the below named in respect of the processing of my Alternative Bridging Corporation Limited application and subsequent account administration.

NAME OF WHOM YOU ARE GIVING AUTHORITY**ASSOCIATED ACCOUNT NUMBER**

Applicant 1	Applicant 2
Signature	Signature
Print Name	Print Name
Date	Date