BankLink (A Division of Media Transfer Services UK Limited)					Send completed form to: BankLink 9 Devonshire Square London EC2M 4YF				
Nam	e of Account				(Client Code			
Acco	unt Number				(Cost Code			
	BANKLINK	CUSTO	MER AUTH	IORITY					
To:	The Manager,	he Manager,				Med	General Ma ia Transfer nkLink")	inager, Services UK Lim	nited
	(Bank) ("the Bank")		(Branch)						
	(the Built)								
1.	I/We hereby AUTHOR information (whether	ISE the Bank and B in written, compu	SankLink (acting as a data ter readable or any other	a processor) as at and from format) relating to my/or	m the first of ur banks acc	f ount/s desigr	20 nated above	to forward a to each other a	
					7 [
	("my/our advisors")				P.	ractice Code			
2.	Zealand and Australia understand that my/o	a) for the purposes our personal data v ankLink services	of BankLink and its servival be kept secure and co	our personal data and info vice partners processing m onfidential and that Bankl t information about Bankl	ny/our data i Link will not	n order to pr pass my/our	ovide the B details to t	ankLink services hird parties oth	s. I/We
3.	 I/We UNDERSTAND that: a) no agency, partnership, joint venture or any other type of similar relationship exists between the Bank and BankLink and that the Bank accepts no responsibility for the actions of BankLink, my/our advisors or any other third party; b) neither the Bank nor BankLink will, subject to any prohibition or limitation imposed by law, be liable for delays, non-performance, failure to perforing processing errors or any other matter or thing arising out of this authority or any agreement which the Bank or BankLink may have with my/our advisors and which occur for reasons beyond the control of respectively the Bank or BankLink, as the case may be, nor will the liability of the Bank and/or BankLink (whether jointly, severally or jointly and severally) include or extend to any loss of profit or any special, indirect or consequential loss or damage suffered by me/us. 								
4.	I/We have the right, power and authority, and have taken all actions necessary, to execute and deliver this customer authority form. I/We confirm and agree that where the customer is a company or LLP a resolution of the company/LLP has been passed to approve the terms of this customer authority form in the best interests of the company/LLP.								
5.	I/We CONFIRM and agaforegoing Account(s		omer authority form does	s not in any way limit or a	ffect the exi	sting authorit	ies to the E	ank for operation	ons on the
6.				om BankLink for disclosin ion referred to above to B					
7.				ink at any time where sev Where required for legal o					
8.	Any revocation of this	s authority by me/v	us will not take effect un	itil 14 days after written n	otice of the	revocation is	received by	the Bank from	me/us.
	By signing below:								
	I/We consent to my/our data being used as detailed in the 'about your personal information' section above.								
	I/We authorise the Bank and BankLink to act in accordance with this customer authority form.								
	Dated this								
	Dateu (III3	uuy 01		20					
	(Account signatory)							(Account sig	gnatory)
	(Witness)								 Witness)