



Authority Mandate

Life Office Details:

To: _____

Address: _____

Client Details:

Policy Holder 1: _____

Date of Birth: _____

Policy holder 2: _____

Date of Birth: _____

Address: _____

Policy Number(s): _____

Name of Assured(s): _____

Declaration:

I hereby authorise CMCC Financial Solutions Limited to access information on all policies held in my name. Please furnish all relevant detail that may be required.

Signed:

Policy Holder 1 _____

Policy Holder 2 _____

Date: _____

Directors: Conor Murray, Conor Carey Registered in Ireland, Registration No. 413780

Registered Address: Suite 30 The Mall, Beacon Court, Sandyford, Dublin 18

Galway Offices: 2 The Friary, Main Street, Headford, Co Galway & Moycullen, Co Galway