



Authorisation Letter to communicate with Third Party  
Your Copy

To Foundation Home Loans	
Account Number:	
Account Name:	
Account Address:	

I/We authorise you to disclose details relating to the conduct of my mortgage account or the contents of my file, my personal details, financial arrangement or related matters with

Name	
Date of Birth	
Address	
Contact number	
Email	
The reason for requesting Foundation Home Loans to communicate with the above named third party(ies) is	
My/our relationship with the above named third party(ies) is	
In signing this letter I/we consent to your disclosing all data by	<input type="checkbox"/> Telephone & Writing <input type="checkbox"/> Telephone only <input type="checkbox"/> Writing only
To my/our authorised representative and I/we hereby release you from any obligations of confidentiality.	
I/We require this authority to be valid for	<input type="checkbox"/> 12 months from the date of the signature on this Third-Party Authority Form; or  <input type="checkbox"/> Until I /either of us inform you that this authority is to be revoked, when you will write to me/ both of us confirming that such authority has been cancelled
<p>I/we agree that if either of us informs you that this authority is to be revoked, you may write to both of us confirming that such authority has been cancelled.</p> <p>I/We acknowledge that this authority will remain in force until I/we inform you that this authority is cancelled or for a period of 12 months, whichever has been selected above.</p>	

I/We agree that this authority will be applied to all accounts held with Foundation Home Loans for the period specified above unless otherwise specified below:

Signed:	Signed:
First Applicant	Second Applicant
Print Name	Print Name
Date	Date



Authorisation Letter to communicate with Third Party  
Copy to be returned

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