

Authority to Act

To the mortgage company:

Name of mortgage company	<input type="text"/>
Account number	<input type="text"/>
Security address	<input type="text"/>
Postcode	<input type="text"/>

Please accept this as my/our permission for you to give information about my/our mortgage account to Octane Capital Ltd.

Applicant 1

Applicant 2

Name	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>

To whom it may concern:

Please accept this as my/our permission for you to give information about me/us to Octane Capital Ltd.

Applicant 1

Applicant 2

Name	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>