

# 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"/>