

Register of authorised signatures



Please use this form to let us know if you want to authorise additional individuals to give us instructions in relation to your policy(ies).

1.

Scheme

Policy number(s)

2.

We confirm that the individuals whose signatures appear in Section 3 are authorised to provide L&G instructions in relation to our policy(ies). I understand that L&G may use this information to validate requests such as checking claims and confirming bank details used for payments made under our policy(ies).

We confirm that;

1. The appointment of an authorised signatory is given to and may be relied upon by L&G.
2. The policyholder discharges and indemnifies L&G from all liabilities arising from the authorisation.

Full name

Signature

X

Position

3.

Please can each new additional signatory provide the following:

Full name

Signature

X

Date

(DD/MM/YYYY)

Full name

Signature

X

Date

(DD/MM/YYYY)

Full name

Signature

X

Date

(DD/MM/YYYY)

Full name

Signature

X

Date

(DD/MM/YYYY)

Full name

Signature

X

Date

(DD/MM/YYYY)

Full name

Signature

X

Date

(DD/MM/YYYY)



Notes:

- Where the policyholder is a limited company listed on Companies House, we would expect for this form to be signed by one of the company's directors or the company secretary.
- Where the policyholder is a partnership or sole proprietor, we would expect this form to be signed by a partner or the proprietor.
- For other types of entities, the signatories should be determined from their constitution.
- The person who signs this form on behalf of the policyholder should not be one of the individuals named as an authorised signatory in Section 3.

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