

Letter of authority to release information about my/our contract(s) with you

To: _____

Re contract type(s): _____

Re contract number(s): _____

Please accept this letter as instruction to release any information regarding these contracts and any others in my/our name(s) to:

Cavendish Medical Ltd.

1st Floor, Devon House, 171-177 Great Portland Street, London W1W 5PQ.

This authority is to last for no more than 12 months from the date of signing below unless I/we provide you with a written request to cancel the authority sooner than this.

Full Name:		
Date of birth:		
National Insurance Number		
Current address and postcode:		
Signature:		
Date of signing:		