



FORM OF AUTHORITY

Name:

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Address:

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I hereby authorise The Capital Allowances Partnership Limited to speak to and correspond with my accountant/ solicitor, and for my accountant/ solicitor to release such information in relation to my affairs as The Capital Allowances Partnership Limited may request.

Signature:

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Date:

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Accountant's/ solicitor's
Name:

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Address:

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Telephone number(s):

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E-mail address:

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