



Authorisation Form

Broker Authorisation				
PLEASE USE TYPE BLOCK CAPITALS ON THIS FORM; Then print, sign and post back.				
I hereby request and authorise the companies indicated below, to release client and policy data relating to the business written under the agency numbers/ codes listed below for the sole purpose of having such data made available to us in the software applications provided to us by Lunar Technologies Ltd.				
Broker Name:		IFSRA No:		
Address:				
Name:				
Title:	Contact No:			
Signature(s) of Authorised Person (Director/Partner): (For Companies 2 Directors or Director and Secretary must sign)				
1)	2)			
Agency Codes (Important: It is mandatory to accurately complete each section fully)				

Authorisation / Instruction to:

Provider	Agency Code(s)
Aviva	
Canada Life	
Friends First	
Irish Life	
New Ireland	
Standard Life	
Zurich Life	
BCP Asset Management Ltd	





Authorisation Form

Name of Authorised User	E mail Address

Please POST the completed and signed original form to:

Money Advice
Lunar Technologies Ltd
PO Box 596
6 Carmody St Business Park,
Ennis, Co. Clare

Queries to Tel: 065 6849675 support@moneyadvice.ie