**CNCU Third Party Indemnity Authority**

Name ……………………………………………………………………………………… Membership Number…………………………………

Address………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………… Post Code…………………………………………………..

*I, the above named member, hereby authorise the following individual to access my CNCU account and make withdrawals on my behalf as my nominated agent. This document indemnifies CNCU from any liability undertaken by my appointed agent; as this agent is deemed by CNCU to be acting with my approval and authority within the timescales noted in this authority.*

**I appoint the following as my third party agent:**

Name ……………………………………………………………………………………… Membership Number…………………………………

Address………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………… Post Code…………………………………………………..

Tel. No. …………………………………………………………………………………………………………………………………………………………

Email……………………………………………………………………………………………………………………………………………………………..

I grant access to my CNCU account for the period of 1 week / 1 month or until / /

**This authority can be withdrawn by the member writing to CNCU.**

Member Signature ………………………………………………………………… Print………………………………………………………….

Third Party Signature ………………………………………………………………. Print………………………………………………………….

CNCU Staff Signature………………………………………………………………… Print………………………………………………………….

***Please return your completed form and evidence to the address above. We also accept scanned copies of original, signed documents via email.***

**Office Use:**  *PLEASE PLACE TELLER NOTE ON IT SYSTEM ADVISING OF THIS AUTHORITY AND PLACE ORIGINAL DOCUMENT FOR SCANNING TO THE MEMBERS ACCOUNT.*