

# TTP PERMISSION TO DISCLOSE INFORMATION



Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Client

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Second Client (if applicable)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_  
(Company to be contacted by TTP on behalf of client)

## Address at time of advice/sale

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern,

I/We give permission to TTP Financial Compensation to obtain information relating to my/our: investment, insurance, mortgage and pension arrangements.

Thank you in anticipation of your assistance.

Yours faithfully,

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Client

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Second Client (if applicable)