



LETTER OF AUTHORISATION

**The Ombudsperson for Financial Services
8th Floor, SICOM Tower
Wall Street
Ebene**

I, Mr/Mrs/Ms _____ bearing ID No. _____

hereby authorise Mr./Ms./Mrs. _____ bearing ID No.

_____ and acting as _____ to act as the representative of

State capacity in the entity

_____ and to pursue the complaint on its behalf.

Name of Entity

I agree that all communications will be addressed to the representative.

Director

Date: