



LETTER OF AUTHORISATION

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

I, Mr./Ms./Mrs. _____ bearing ID No. _____ authorise
Name of Complainant

Mr./Ms./Mrs. _____ bearing ID No. _____ to

act as my representative and to pursue the complaint on my behalf.

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

Signature of Complainant

Date: