

## Authority to operate a membership

**I hereby authorise my:**

Partner

Other (please specify relationship to member)

---

to operate this membership.

(This includes policy changes, detail changes, claim enquiries, claiming on your behalf and other general enquiries.)

Name of authorised person:

---

Date of Birth:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

---

Signature of  
authorised person:

---

Member's name:

---

Member's signature:

---

Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

---

Membership number:

---