

Bank Consent



PLEASE COMPLETE USING BLOCK CAPITALS

Title (<i>Mr, Mrs, Miss, Ms.</i>)	Full name
Job title	Contact number
Company name	Fax number
Address	
Postcode	

To: THE MANAGER

Bank name	Contact name
Address	
Postcode	

Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I/We authorise you to provide a reference on me/us to Guernsey Post Limited.

SIGNED

Date

Please tick if a blanket form of authority to reply to each and every enquiry from whatever source has already been given.

Please tick if a continuing specific authority to reply to enquiries from Guernsey Post Limited is attached or is already held by the bank (in the latter case, a photocopy must be attached for ease of reference).

A copy of the reply to this enquiry can be made available on request.

Privacy Promise

Please be assured that we will treat your personal information with the utmost care and will never sell it to other companies or use it other than as stated in our privacy promise. The personal information you provide us is used primarily to deal with your enquiries or provide the service and products you request. You can find further details of our privacy promise at www.guernseypost.com/data-protection-policy

Please return the form to the Finance Department at the address below.

Office use only

Guernsey Post Limited requests the above mentioned bank to provide information on the means and standing of the above mentioned account holder and their trustworthiness in the way of business to the extent of £

SIGNED on behalf of Guernsey Post Limited

Date
