

Authorisation Form (2) – Rented

PLEASE COMPLETE THIS FORM ONLY IF YOU WISH TO HAVE ANOTHER PERSON SPEAK TO US ON YOUR BEHALF.

Full Name/s: _____

Current Address: _____

Proposed Purchase of Shared Ownership Property (*insert property address or plot number*) :

I/we hereby give _____ (name of third party), permission to speak to emh care & support, part of emh Group, on my behalf regarding my purchase of the above property.

.....
Signature First Applicant

.....
Signature Second Applicant

.....
Print Name

.....
Print Name

.....
Date

.....
Date

Please complete and return this form via email to:-

applications@emhcareandsupport.org.uk

