



Third Party Authorisation Request

Borrower name	
Borrower account number	
Borrower postal address	

Third party name	
Third party telephone number	
Third party postal address	

I, the under-signed borrower, appoint the above-named third party to act on my behalf in relation to the above-numbered account.

I, the under-signed borrower, authorise Mars Capital Finance Ireland DAC to discuss my information on the above-numbered account with the above-named third party by telephone or in writing.

Signed: (Borrower) _____

I, the under-signed third-party, authorise Mars Capital Finance Ireland DAC to use my name and contact details provided above to discuss the above-named borrower's account.

Signed: (Third-party) _____

Please return completed form to:

Email: info@marscapital.ie

Post: Mars Capital Finance Ireland DAC, PO Box 12546, Dublin 2

Please note that once this request is processed, Mars Capital Finance Ireland DAC will post any servicing correspondence to the appointed third-party as well as to the borrower and may telephone the appointed third-party to discuss the arrears on the above-numbered account.