



PO Box No. 11151,
Dublin 24

Authorisation form for Trusted Contact Person

Name of Account Holder:	
Cabot Reference Number:	
Date of birth:	
Address (Street):	
Mobile Phone:	

By signing below, you give your consent for Cabot Financial (Ireland) Limited 'Cabot'/'we' to contact your Trusted Contact Party to discuss the below matters, which may include confidential information, where we may have a concern in relation to:

- (a) possible financial abuse of the Customer
- (b) Cabot needs to confirm the specifics of:
 - (i) the Customer's current contact information,
 - (ii) the Customer's health status, or
 - (iii) the identity of any appointed legal guardian, executor or trustee, or
- (c) Cabot experiences difficulties in communicating with the Customer.

The Trusted Contact Person does not have authority to transact on my account or deal with my balance with Cabot.

Signed by the Customer: _____

Date:

Trusted Contact Name:	
Trusted Contact Phone Number:	
Relationship to Account Holder:	

By signing below, I confirm my details are correct, I am over 18 years of age, and consent to Cabot retaining my name and contact information for the purposes of acting as a Trusted Contact Person and contacting me

Cabot Financial (Ireland) Limited

Registered Office: Block D, Cookstown Court, Old Belgard Road, Tallaght, Dublin 24, Website: www.cabotfinancial.ie

Cabot Financial (Ireland) Ltd. is regulated by the Central Bank of Ireland

VAT Registered Number: IE6540845W. Registered in Ireland. Company no. 144084. Cabot Financial (Ireland) Limited is part of the Cabot Credit Management Group.

Directors: S. Webb, P. Doddrell (UK), T. Dillon, L. Cruickshanks (UK)



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Signed by the Trusted Contact Person: _____

Date:

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