



Third Party Authorisation Form

Full Name:	NI Number:			
Please complete and sign this form if you wish to authorise a third party to be able to discuss your affairs with ourselves.				
Return by these meth	nods:		·	
· By post:	Apex Europe Ltd, Old Hall Farm, 19 Barnston Lane, Moreton, Wirral, CH46 7TN			
• By fax:	0151 331 0250			
• By scan & e-mail:	info@apex-contracting.co.uk			
If we have sent you	this document electronica	ally just complete and sign the for	m, and that's it!	
Please select any of	the following options which	apply to your third party, by clickir	ng or ticking the box	
Spouse/Partner	Sibling	Close Friend		
Accountant	Parent	Other		
Name & title of thir	d party			
First Name(s):		Surname:	Title:	
Third party contact	t details			
Telephone/Mobile Nu	mber: E-mail Address:			
Third party addres	s details			
Third Party Address:				
Accountant only)			
Business Name:	Company Number:			
Date of Authorisati	on			
Date:				
Declaration				
information that I have any errors in this infor have provided.	e provided is true and comp	plete to the best of my knowledge a	on my behalf. I also confirm that the and undertake all responsibility that ty checks to verify the information that I	
Contact Us				
There are 3 ways to contact Apex Europe Ltd				
By phone		By e-mail	Visit us online	
0151 652 2573		Info@apex-contracting.co.uk	www.apex-contracting.co.uk	

Alternatively write to us:

Apex Europe Ltd, Old Hall Farm, 19 Barnston Lane, Moreton, Wirral, CH46 7TN