This page grants permission for your Financial Mentor to speak to organisations about your finances.

|  |  |
| --- | --- |
| Permission to provide information (for client to complete) | |
| “Organisations” = any business, creditor, organisation, department, service or person involved in my financial affairs**.** Banks are not included. |
| **Tick the following boxes** |
| * I authorise organisations to share my financial information with my Financial Mentor on request so they can provide me with appropriate financial capability and budgeting advice (required). |
| * I authorise my Financial Mentor to access on my behalf my credit information held with credit reporting agencies and the credit reporting agency to disclose my credit information to my Financial Mentor (optional). |
| * I intend that this authorisation satisfies the requirements of the Privacy Act 2020 (required). |

**Client** **Joint Client (if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client name** |  | |  | |
|  |  | |  | |
| **Client date of birth** |  | |  | |
| **Client signature** |  | |  | |
| **Date** | Day | Month | | Year |
| **This agreement expires on** | 12 months from the above date or earlier on / / | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | Service stamp / contact details: |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| IRD number | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| (If communicating with Inland Revenue, the IRD number (above) and the affiliation number (page 1) must be completed.) | | | | | | | | | | | |

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| Verification of client’s identity (for Financial Mentor to complete) |

I have verified my client’s identity by looking at:

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 A valid driver’s licence  🞏 Another valid form of photo ID (details): | | | |
| **Financial Mentor name** |  | | |
| **Financial Mentor signature** |  | | |
| **Service name** |  | | |
| **Date** | Day | Month | Year |