

# Persons authorised to operate the account:

(Only required if you would like an additional person to operate the account. Please note that all names listed have complete autonomy over this account. You are required to allow access to trading advice statements.)

1. NAME:.....

(if more than one name is required please attached additional name to this agreement or call Halifax)

Tick preferred contact

BusinessTelephone (.....) .....

Mobile (.....) .....

Home (.....) .....

Fax (.....) .....

**I agree to be the Guarantor of investment decisions made on behalf of the account holder.**

.....  
Signature of Authorised Person

.....  
Name of Authorised Person

.....  
Signature of Authorised Account Holder

.....  
Name of Authorised Account Holder