

LETTER OF AUTHORISATION FROM BILL OWNER
(Form to be completed in block letters)

Date:

Registration Officer
(Registration Area Office)

Dear Sir/Madam,

I, confirm that is my
(Name of person on bill/statement) (Registrant)

..... and resides at the address stated on the attached
(Relationship) (Type of bill/statement)

in my name for the past
(Length of time)

Yours Respectfully,

.....
(Signature)

ID/DP/PP #