



Avelo Exchange application - Authorisation form

Contact Details	
Contact Name:	
Company Name:	
Email:	
Address:	
	Postcode:
Tel Number:	Fax Number:

I confirm that I am an authorised signatory and accept and agree to the terms and conditions.

Signed:
Date:

Name:
Position:

Please return this form to:

Avelo, Jessop House, Jessop Avenue, Cheltenham, Gloucestershire GL50 3SH

For further information

If you have any queries relating to your application, please contact Account Services on 0845 053 1111 or email exchange.accountservices@avelo.com

Authorised and regulated by the Financial Services Authority (FSA)

Jessop House
Jessop Avenue
Cheltenham
Gloucestershire
GL50 3SH

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