



TO: MITSUBISHI MOTORS FINANCIAL SERVICES
PO Box 83101 Wellington 6440
T: 0800 663 769

Date:

Contract Number:

Borrower/Lessee Details		
Borrower/Lessee 1:		
Full Name: _____		
Address: _____		
Home Ph: _____	Work Ph: _____	Mobile: _____
Email: _____		
Borrower/Lessee 2		
Full Name: _____		
Address: _____		
Home Ph: _____	Home Ph: _____	Home Ph: _____
Email: _____		

I/We the above contract holder(s) give the below nominee permission to:

(Please tick whichever is **not applicable**)

- Give and receive **personal information** in connection with the above contract/s
- Give and receive **account information** in connection with the above contract/s
- Give and receive **personal and account information** in connection with the above contract/s

Nominee Details	
Full Name: _____	DOB: _____
Address: _____	
Home Ph: _____	Work Ph: _____ Mobile: _____
Email: _____	
Relationship to contract holder/s: _____	

This authority continues until I/We revoke this authority by giving written notice to Mitsubishi Motors Financial Services.

Signature:

Printed Name:

Date:

Borrower 1: _____

Borrower 2: _____