| To:[Local Authority name]  |           |
|--|-----------|
| [Local Authority address]  |           |
| Date: / /20  |           |
|  |           |
| The Share Foundation   |           |
| The Share i outligation  |           |
| I/We hereby authorise you to provide to The Share Foundation (registered company number: 4500923 and registered charity number: 1108068, whose registered office is at Oxford House, Oxford Road, Aylesbury, Bucks HP21 8PB) the following information in relation to the child/young person named below who is the beneficial owner of a Junior ISA administered by The Share Foundation. |           |
| I/We request that the information is kept up to date by inclusion in your regular information report to The Share Foundation. This authorisation shall remain in force until cancelled by me/us giving you written notice that the authorisation is revoked.   |           |
| Yours faithfully   |           |
|  |           |
| Signed:  |           |
|  |           |
| Please specify the information to be provided to The Share Foundation below  |           |
| Full name of child/young person:   |           |
| Date of birth of child/young person:   |           |
| Your full name:  |           |
| Contact type: Individual carer/ foster carer/ institution/ parent /family member   |           |
| Organisation:  | E-mail:   |
| Job title:   | Address:  |
| Telephone No.:   |           |
| Mobile No.:  | Town:     |
| Fax No.:   | County:   |
|  | Postcode: |
|  |           |

Note: Apart from the full name/date of birth of the child/young person, all information is optional & please leave blank if unavailable.