



Authentication Form

Please complete the requested details below. The information you supply will be used to verify your identity every time you contact us.

Please complete and return this form to:

Intermediary Data Services Team
Cofunds Limited
PO Box 1103
Chelmsford CM99 2XY

Name	<input type="text"/>
Company Name	<input type="text"/>
Cofunds Authorisation Code	<input type="text"/>
Date of Birth	<input type="text"/>
E-mail Address	<input type="text"/>
Daytime Tel No	<input type="text"/>
Mother's Maiden Name	<input type="text"/>
Signature	<input type="text"/>

Please scan to IFAAUTH Queue