**JICMAIL LEVY**

**MAILING AGENT AUTHORISATION FORM**

|  |  |
| --- | --- |
|  | *Please complete your details below* |
| Company Name |  |
| Address |  |

|  |  |
| --- | --- |
|  | *Please complete your Postal/Access Carrier details below* |
| Company Name |  |
| Address |  |
| Contact Name |  |
| Phone Number |  |
| Email Address |  |
|  |  |
| Account Number / Reference |  |

**Date** xx/yy/**2024**

Dear

**Letter of Authorisation**

In accordance with the JICMAIL Levy scheme we are seeking to recover the JICMAIL Levy amounts that you have collected and paid over to JICMAIL Limited through your invoices.

Please accept this letter as our instruction to you to make the appropriate level of billing information available to JICMAIL on request, in order that they may verify the amount of the JICMAIL Levy they have received and are able to administer our claim promptly.

We would be grateful if you would give them every assistance to expedite our claim.

Many thanks for your support.

Yours sincerely,

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**