

Client Ref No:

Creditor Ref No:

LETTER OF AUTHORITY

YOU MUST SIGN AND RETURN THIS FORM

In respect of: **'Lender Name'**

"Lender"

LOANS / CREDIT CARDS / STORE CARDS / MORTGAGES / HIRE PURCHASE AGREEMENTS / CATALOGUES / OVERDRAFTS

YOU AUTHORISE AND INSTRUCT US TO PURSUE AN INVESTIGATION INTO WHETHER PAYMENT PROTECTION INSURANCE (PPI) (OR PAYMENT PROTECTION PRODUCTS IF KNOWN BY ANOTHER NAME) MAY HAVE BEEN SOLD TO YOU ALONGSIDE ANY OF THE PRODUCTS OR ACCOUNTS SPECIFIED ABOVE AND, IF SO, TO INVESTIGATE AND PURSUE A COMPLAINT ABOUT THE PPI FOLLOWING YOUR INSTRUCTIONS AND THE COMPLETION OF A COMPLAINT QUESTIONNAIRE.

POLICY / ACCOUNT HOLDER

(you)

Full Name:

Former Name:

Date of Birth:

Current Address:

Additional Information Including Previous Address (Where Applicable):

ADDITIONAL POLICY / ACCOUNT HOLDER

(if this applies)

Full Name:

Former Name:

Date of Birth:

Current Address:

Additional Information Including Previous Address (Where Applicable):

I/we have instructed and authorised [redacted] of [redacted] to act as my/our sole representative on my/our behalf for the purpose of DISP2.7.2R and to pursue all aspects they consider necessary in relation to my/our dealings with your firm. This Letter of Authority relates to the products and accounts I/we have, or have had, with you and which are specified above. I/we instruct and give permission for you (the bank/building society/card provider/finance provider/loan broker/underwriter/insurance provider/financial advisor) to immediately release any information [redacted] may ask for by telephone or in writing (including by fax or email). This includes information in response to a request made under sections 77-79 of the Consumer Credit Act 1974 and/or section 7 of the Data Protection Act 1998. I/we have a legally binding contract with [redacted] and I/we instruct that you contact them whenever you need to send me/us information or contact me/us in connection with this matter. I/we have authorised and instructed [redacted] to act on my/our behalf to accept or reject any payment you offer as a settlement or compromise and to refer any complaint to the Financial Ombudsman Service if necessary. I/we hereby authorise and instruct [redacted] to pursue any complaint on my/our behalf, and for any documentation relating to this matter held by any party involved to be disclosed to [redacted] upon request. I/we further authorise and instruct the providers, brokers or underwriters of my/our plans, investments, relevant loans, mortgages, credit cards, bank

accounts, banking facilities or other finance to provide information (and if requested confirmation in writing) on their request to [redacted]. I/we authorise and instruct [redacted] to obtain any information from any third parties for the purposes of fully investigating, pursuing and settling any potential complaint I/we have authorised and instructed [redacted] to make. I/we understand that copies of this Authority may be given to other parties to facilitate the transfer of information. I/we authorise and instruct [redacted] to receive on my/our behalf any offer of compensation awarded or agreed. Any cheque in payment of this award should be sent and made payable to [redacted] who will then deduct their fees pursuant to my/our Agreement with them and send me/us a cheque for the balance. I/we confirm that only [redacted] are authorised and instructed by me/us to give a valid receipt on my/our behalf for any compensation award, and that they have this authority and instruction exclusively, even to the exclusion of me/us i.e. I/we cannot give such receipt. I understand that, in addition to the present Letter of Authority I will need to provide further information when raising an expression of dis-satisfaction to the Lender, about the underlying product(s), service(s) and where known, specific account number(s) being complained about. Doing so will enable the Lender to assess and determine the complaint as quickly and as effectively as possible.



YOU MUST FILL THIS IN!

SIGNATURE

(policy / account holder)

Name:

Sign Here: _____

Date: _____

SIGNATURE

(additional policy / account holder)

Name:

Sign Here: _____

Date: _____

**FORM OF AUTHORITY TO ACT ON YOUR BEHALF & THE TERMS
& CONDITIONS OF DOING SO**

Main Account Holder:

[client_name]

Date of Birth:

[DOB]

Name if different when you took out the loan/policy:

[previous_name]

Current Address:

[client_address]

Joint Applicant:

[joint_name]

Date of Birth:

[joint_dob]

Name if different when you took out the loan/policy:

Joint_prev_name]

Current Address:

[address]

Additional customer information, including previous addresses
(where applicable)

[previous_address]

Name of Bank:

[Bank_Name]

Product(s)

Loans

Mortgages

Credit Cards

Bank Accounts

Store Cards

OUR FEES

- [Company_Name] will take [redacted] (at the prevailing rate) of the amount that you receive, whether this is paid to you or off your agreement.
- If we do not recover you anything, you do not pay us!
- Please note that your bank may uphold other mis-sold PPI that you may have purchased as a result of our approach to them. If this is the case, we will deal with these cases on your behalf and the same charges of [redacted] will apply.
- Some providers will pay 8% Statutory Interest to your redress payment. Please be advised that this payment is subject to income tax. Please note, [Company_Name] fees are due on the total amount of redress prior to HMRC's deduction. This only refers to the 8% interest should it be offered.
- If we recover your money and you do not pay our fees, [Company_Name] have the authority to validate your application details with a Credit Reference Agency. We also reserve the right to perform a trace search on you if you fail to comply with the terms set out in your agreement to assist in recovering our fees.
- [Company_Name] will do all it can to check an offer with all of the information available at the time. However, should your lender increase the offer at a later date, due to them finding additional information, we reserve the right to charge our fees on the additional amount. By signing our terms and conditions, you are agreeing to that charge.

Authority Type

Information Disclosure (PIR)

PPI Complaint

- I/We appoint and authorise [Company_Name] to consider my/our claim for mis-selling of our Payment Protection Insurance policy/policies in accordance with the FCA's Dispute Resolution Guidelines.
- By signing this agreement I confirm that I have read and agreed to the Terms & Conditions herein and I am happy for [Company_Name] to act upon my behalf in this matter.
- I/We understand that, in addition to the present Letter of Authority I will need to provide further information when raising an expression of dissatisfaction to the Lender, about the underlying product(s), service(s) and where known, specific account number(s) being complained about. Doing so will enable the Lender to assess and determine the complaint as quickly and as effectively as possible.
- In addition, [Company_Name] have full authority to discuss any financial issues that may arise as a result of this complaint, including but not exclusive to my arrears, outstanding balances, full and final settlements and any other financial obligations.

MAIN ACCOUNT HOLDER

Sign Here

Date

2ND ACCOUNT HOLDER

Sign Here

Date

SIGN &
DATE

SIGN &
DATE