



PACKAGED BANK ACCOUNT LETTER OF AUTHORITY

Internal Use Only

Claimant Ref:

Claim Ref:

PLEASE COMPLETE, CHECK, SIGN & SEND
IMPORTANT: Amendments to populated data must be signed in full by you.

ABOUT YOU (APPLICANT)

Forename(s):

Middle Name(s):

Surname:

Previous Name:

Date Of Birth: DD/MM/YYYY

Email Address:

Home Phone
Number:

Mobile Number:

YOUR ADDRESSES

Current Address:

Postcode:

PREVIOUS ADDRESSES

Please provide as many previous addresses as possible.

First line of address:

Postcode:

PREVIOUS ADDRESS 1

POSTCODE

PREVIOUS ADDRESS 2

POSTCODE

PREVIOUS ADDRESS 3

POSTCODE

PREVIOUS ADDRESS 4

POSTCODE

PREVIOUS ADDRESS 5

POSTCODE

PREVIOUS ADDRESS 6

POSTCODE

ABOUT THE ADDITIONAL APPLICANT

Forename(s):

Middle Name(s):

Surname:

Previous Name:

Date Of Birth: DD/MM/YYYY

ABOUT YOUR ACCOUNT (ONE BANK ONLY)

Provider (Lloyds,
Barclays etc):

Account Name:

Bank Account Number:

Sort Code:

TO WHOM IT MAY CONCERN - THIS AUTHORITY RELATES TO ALL PACKAGED BANK ACCOUNTS

I/We hereby appoint and expressly authorise The Claims Guys to consider my/our Claim for Compensation in respect of the mis-selling of Packaged Bank Accounts (PBA) or inappropriate Fees or Charges applicable to any Current, Savings, or any other account, and if The Claims Guys believes that the Claim has merits, act on my/our behalf to seek Compensation.

I/We further authorise and request that your company investigates all my Claim(s) in adherence with The Financial Conduct Authority - Dispute Resolution: Complaints Sourcebook. Furthermore, you must release to The Claims Guys any information pursuant to Chapter 3 of the General Data Protection Regulation 2016, as may be requested by The Claims Guys, by telephone, in writing, email or fax, and to do so without delay. I/We confirm that I/we have lawfully contracted with The Claims Guys and have expressly consented that all communications and payments from you must be made direct to The Claims Guys, which will then be forwarded to me/us. A copy of this Letter of Authority will have the same validity as the original.

YOU & ANY ADDITIONAL APPLICANT NEED TO SIGN & DATE BELOW

This LETTER OF AUTHORITY will be sent to your Bank to inform them that you give The Claims Guys authority to act on your behalf. If you need to amend any of the populated data, please do so and sign in full next to the change.

I/We have read carefully the Letter of Authority and the Terms of Engagement (overleaf) and agree to be bound by their content.

I/We have also completed the PBA Questionnaire to the best of my/our knowledge.

DON'T FORGET

**MUST BE
SIGNED**

**SIGN
HERE**

APPLICANT:

DATE OF
SIGNATURE:

DD/MM/YYYY

**DATE
HERE**

**SIGN
HERE**

ADDITIONAL
APPLICANT:

DATE OF
SIGNATURE:

DD/MM/YYYY

**DATE
HERE**