



theclaimsguys
a claims management company

LETTER OF AUTHORITY

Internal Use Only

Claimant Ref:
Claim Ref:

IMPORTANT: Amendments to populated data must be signed in full by you. Please COMPLETE any outstanding information

V(P)3.1

ABOUT YOU (THE PRIMARY CLAIMANT)

Name:

Previous Name:

Date Of Birth: DD/MM/YYYY

Email Address:

Telephone 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

ABOUT THE SECONDARY CLAIMANT

Name:

Previous Name:

Date Of Birth: DD/MM/YYYY

Email Address:

Telephone Number:

Current Address:

Postcode

ABOUT YOUR CREDIT (ONE LENDER ONLY)

Lender Name: ONE LENDER NAME ONLY

Any account numbers you can provide, **if known**, may be helpful but are not essential.

Account Number:

TO WHOM IT MAY CONCERN - THIS AUTHORITY RELATES TO THE ABOVE DETAILED PRODUCT(S) AND ANY & ALL OTHER LOANS, CREDIT/STORE CARDS AND ACCOUNTS EVER HELD WITH YOU
I/We expressly authorise The Claims Guys to act on my/our behalf in respect of obtaining a Subject Access Request from my/our Lender in relation to the above detailed account(s). I/We hereby authorise the extension of this Authority to any account(s) and PPI policy(ies) not specifically referenced. I/We further authorise and request that you release to The Claims Guys any information, as requested, pursuant to Chapter 3 of the General Data Protection Regulation 2016. I/We confirm that I/we have expressly consented that the Subject Access Request response and all other communication pertaining to this matter is made directly 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.

(Internal/Lender Use): PPI Credit Card Loan Mortgage Store Card Overdraft

YOU & ANY SECONDARY CLAIMANT NEED TO READ, SIGN & DATE BELOW

I/We have read the document(s) provided, including the Terms of Engagement (overleaf) and agree to be bound by their content. I/We authorise the above-named Lender to release **directly** to The Claims Guys any information requested, and understand that this may include account and/or transactional statements.

I/We understand that if a potential Claim(s) is identified, and I/We opt to refer the Claim(s) to a Legal Partner, TCG will pass all details recorded on this Letter of Authority, and any information relevant to my/our Claim(s), including any Subject Access Request (SAR) information from the Lender to the Legal Partner.

DON'T FORGET

MUST BE SIGNED

SIGN HERE PRIMARY CLAIMANT:

DATE OF SIGNATURE: DD/MM/YYYY

DATE HERE

SIGN HERE SECONDARY CLAIMANT:

DATE OF SIGNATURE: DD/MM/YYYY

DATE HERE