

Claim Ref No:

LETTER OF AUTHORITY

YOU MUST SIGN AND RETURN THIS FORM

Authorizing: PIR Request AND/OR PPI Complaint

In respect of: _____

LOANS / CREDIT CARDS / STORE CARDS / MORTGAGES / HIRE PURCHASE AGREEMENTS / 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 FACTFIND AND/OR COMPLAINT QUESTIONNAIRE.

POLICY / ACCOUNT HOLDER (you)	ADDITIONAL POLICY / ACCOUNT HOLDER (if this applies)
First Name: <input style="width: 100%;" type="text"/> <small>(including middle name(s))</small>	First Name: <input style="width: 100%;" type="text"/> <small>(including middle name(s))</small>
Surname: <input style="width: 25%;" type="text"/> Previous Name: <input style="width: 25%;" type="text"/>	Surname: <input style="width: 25%;" type="text"/> Previous Name: <input style="width: 25%;" type="text"/>
Date of Birth: <input style="width: 100%;" type="text"/>	Date of Birth: <input style="width: 100%;" type="text"/>
Current Address: <input style="width: 100%; height: 40px;" type="text"/>	Current Address: <input style="width: 100%; height: 40px;" type="text"/>
Post code: <input style="width: 100%;" type="text"/>	Post code: <input style="width: 100%;" type="text"/>
Additional Info <small>(eg. Previous Address and, if different, address at time of PPI sale; if Car Finance, Vehicle Registration Number)</small>	Additional Info <small>(eg. Previous Address and, if different, address at time of PPI sale; if Car Finance, Vehicle Registration Number)</small>
<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
Post code: <input style="width: 100%;" type="text"/>	Post code: <input style="width: 100%;" type="text"/>

1. As provided for under Rule DISP2.4.16 R of the FSA Handbook which states that 'A complaint may be brought on behalf of an eligible complainant or a deceased person who would have been an eligible complainant, by a person authorised by the eligible complainant or authorised by law', I/we the undersigned authorise Reclaim-MY to act on my/our behalf as agents in pursuing my/our complaint(s) in connection with mis-sold Payment Protection Insurance (PPI).
2. I/we confirm that we have a lawful contract with Reclaim-MY and have expressly consented that all communications from you must be made direct to Reclaim-MY. This instruction relates to all products or claims with relation to the above-named client(s).
3. Please take this letter as authority requiring you to deal directly with Reclaim-MY whether that be by phone, post, fax and/or electronic messages, and to provide any information that Reclaim-MY requests as necessary to pursue my/our complaint(s) fully. This authority will endure until further notice.
4. I/we hereby accept Reclaim-MY's Terms & Conditions, which are included in the claims pack. I/we confirm that I/we will pay the fee of 20% in the event that my/our claim is successful.
5. I/we acknowledge that I/we could pursue the claim(s) independently but wish instead to pursue the claim(s) with the assistance of Reclaim-MY. I/we understand that, if a PPI mis-selling claim is successful, the PPI policy will be cancelled if it is still running and I/we will no longer be eligible for the benefits under the policy.
6. I/we confirm the information provided to Reclaim-MY about the claim(s) is to the best of my/our knowledge accurate, truthful and complete. I/we confirm that all statements made and answers provided are my/our responsibility and confirm that I/we have provided all relevant documents (including documents in electronic form) in my/our possession.
7. A copy of this letter of authority shall have the same validity as the original.
8. 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.

<p>YOU MUST FILL THIS IN!</p>	<p>SIGNATURE (policy / account holder)</p> <p>Name: <input style="width: 100%;" type="text"/></p> <p>Sign Here: <input style="width: 100%; height: 20px;" type="text"/></p> <hr/> <p>Date: <input style="width: 100%;" type="text"/></p>	<p>SIGNATURE (additional policy / account holder)</p> <p>Name: <input style="width: 100%;" type="text"/></p> <p>Sign Here: <input style="width: 100%; height: 20px;" type="text"/></p> <hr/> <p>Date: <input style="width: 100%;" type="text"/></p>
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