

Letter of Authority

I authorise The Claims Protection Agency to act on my behalf in respect of my claim for redress in respect of hidden commissions and PPI payments to my lender. If deemed to be in my best interest, I give The Claims Protection Agency full authority to refer my claim to any other third party including but not limited to the Financial Ombudsman Service, and/or the Financial Services Redress Scheme, I am aware that I could progress this matter personally, but I wish to instruct Bee Legal to pursue this investigation on my behalf.

I agree and accept that upon signing this Letter of Authority, The Claims Protection Agency will submit a Data Subject Access Request (under s.45 of the Data Protection Act 2018 and under Article 15 of the General Data Protection Regulations) to the below-named Credit Card, Mortgage, Loan or and other types of financial provider to provide a copy of all personal data relating to me.

I Herby confirm I/we do not wish to receive any correspondence from any firm, regulated and authorised by the Financial Conduct Authority and/or their appointed representatives, the FSCS/FOS/LO, and/or other parties in relation to our complaint

Claimant's Personal Details

First Name

To be completed by The Claims Protection Agency

Surname

To be completed by The Claims Protection Agency

Maiden name of any other previous:

To be completed by The Claims Protection Agency

Current Address

To be completed by The Claims Protection Agency

Date of Birth:

To be completed by The Claims Protection Agency

Additional Information

Current Provider

To be completed by The Claims Protection Agency

Account Num / Ref Num:

To be completed by The Claims Protection Agency

Previous Addresses:

To be completed by The Claims Protection Agency

Signed:

To be completed by The Claims Protection Agency

Date:

To be completed by The Claims Protection Agency