

0333 242 1000

claims@consumersavingsnetwork.co.uk

www.consumersavingsnetwork.co.uk

LETTER OF AUTHORITY-- MIS-SOLD FINANCE CLAIM

Client Name:

DOB:

Current Address:

Previous Address:

I authorise and insist that you release to Consumer Savings Network any information that may be requested regarding any / all finance agreements with your firm, whether that be by; email, in writing, or by phone, in accordance with the 'Rights of Data Subjects and Others' under the General Data Protection Regulations 2016 and the Data Protection Act 2018.

Please also take this as authority for **Consumer Savings Network Ltd** to act on my behalf regarding any complaint about any finance agreement arranged by your company in respect of the above and seek compensation in accordance with DISP2.7.2R of the FCA Handbook.

By signing this Letter of Authority, I confirm that I do not wish to be contacted directly. Please refer all queries and correspondence including the final response letter regarding my complaint directly to Consumer Savings Network and I will communicate through them.

In the event you need to contact a third party to progress this claim any further, I give my Authority for the third party to provide your company and Consumer Savings Network Ltd, with any details requested, in order to progress my claim.

Please be advised that any wilful failure to comply with this or any other subsequent instruction made by the company acting on my behalf, whom I have legally contracted, may leave you open to legal recourse for procuring a breach of conduct.

Account Holder 1

Signed: _____

Print Name:

Dated: _____

By signing this letter of authority, you are permitting Consumer Savings Network Ltd to request information from the above and act on your behalf as defined in our Terms.

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