

Letter of Authority

First Policy Holder

Second/Joint Policy Holder

Title: _____

Title: _____

First Name: _____

First Name: _____

Surname: _____

Surname: _____

Date of Birth: _____

Date of Birth: _____

Address: _____

City: _____

Post Code: _____

Please complete one Letter of Authority for each Bank, Insurer or Lenders (Firms) where you have Payment Protection Insurance on your Loans, Credits Cards or other accounts where you are instructing Victory Claims Ltd to act on your behalf. If you have accounts with more than one Firm, you need to complete another Letter of Authority form.

Policy Provider: _____ Account/ Policy No: _____ Start Date: ___/___/___

**Only include details of other accounts/policies at the same Bank, Insurer or Lender*

Account/ Policy No: _____ Start Date: ___/___/___

Account/ Policy No: _____ Start Date: ___/___/___

I/We hereby authorise Victory Claims Ltd to obtain information from any party whilst undertaking management of my/our complaint. I/We request and require that you supply Victory Claims Ltd with any fact-finds, application forms, correspondence and all other documentation and information relating to my/our Loan Accounts and the associated Payment Protection Insurance Policies (PPI) including all details concerning the advice and circumstances of the sale.

In granting you this permission, I expect that any requests for information or documentation from Victory Claims Ltd be treated as if they originated from myself/ourselves, without restrictions. I/We understand and accept that Victory Claims Ltd will have access to detailed, private information that you hold on me/us.

I/We instruct you to forward all documentation requested directly to Victory Claims Ltd immediately upon request, including details of any settlement or offer. I/We understand and accept that I/We shall receive any compensation paid directly and restrict you from requesting or paying any monies from or to Victory Claims Ltd.

Subject Access Request: Data Protection Act

I/we, the above named account holder, hereby request copies of all documentation relating to the above account(s) under the Data Protection Act, including copies of point of sale documentation, recordings or transcripts of any telephone conversation with the client and a copy of the Regulated Credit Agreement, including any document referred to therein the statement of account under the legislation contained within Section 77 and 78 of the Consumer Credit Act 1975. I/we hereby request you to provide this information subject to the maximum fee of £10 under the Data Protection Act and s77 & s78 of the Consumer Credit Act 1975.

We hereby provide our ORIGINAL SIGNATURES in authority of the above:

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Case Ref: PP _____