

Authority for Disclosure of Personal and Financial Information

I, the Claimant named below, hereby authorise you as a Pension Provider/ Financial Adviser/ SIPP Provider/ Platform Service Provider or any of their administrators and/ or Liquidators, to disclose and release to Simple Claims Assistance Ltd, all records, papers, correspondence and documentation (including that which is electronically stored) concerning me that you have in your possession.

Simple Claims Assistance Ltd registered address is, 23 Mount Park Crescent, London, W5 2RN. I can confirm I have contracted with Simple Claims Assistance Ltd and give it full authority to act on my behalf with regards to its request for personal and financial information.

The request may be regarded as a Subject Access Request in accordance with section 7 of the Data Protection Act.

Firm Name

Firm Name:

Reference:

Claimant

Full Name:

D.O.B:

Address:

Postcode:

Signature

Signed: _____

Dated: _____

The Claimant

T 0203 950 7423 E info@simpleclaimsassistance.co.uk
www.simpleclaimsassistance.co.uk

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