

Representative Declaration

I, *the client*, authorise Simple Claims Assistance Ltd, to act on my behalf, submitting and managing this claim for compensation, reference: _____.

I understand that by signing this Representative Declaration I am giving permission for all my records and notes relevant to my claim to be disclosed to Simple Claims Assistance or its representatives and the FSCS. This is for the purpose of processing my claim in accordance with the Terms of Engagement.

Please see a copy of the Simple Claims Assistance Terms of Engagement for more details at:

https://www.simpleclaimsassistance.co.uk/documents/3_Contract.pdf.

By signing this form, I am confirming that in addition to the above, I have read, understood and agree to the Data Protection and Privacy Policy provided by Simple Claims Assistance Ltd:

https://www.simpleclaimsassistance.co.uk/documents/6_PP.pdf

Name:..... (Please print)

Signature:.....

Date:.....

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