RECLAIM YOUR PPI LTD

Letter of Authority

To Whom it May Concern

Authorisation to Reclaim Your PPI LTD

Authorisation for Reclaim Your PPI Ltd & Instructions to the Company.
I/We authorise Reclaim Your PPI Ltd (Company number 07234815) to act on my behalf in respect of my/our claim for compensation for mis-sold Payment Protection Insurance. If deemed to be in my/our best interest I/We give Reclaim Your PPI Ltd full authority to refer my/our claim to any relevant third party, including but not limited to the Financial Ombudsman Service and/or the Financial Services Compensation Scheme. This authority is valid until the Firm has processed all claims or until the client notifies the Firm that it no longer wishes for Reclaim Your PPI Ltd to act on their behalf.

Instructions to the Company

This letter is my/our instruction to you, the company, to deal directly with Reclaim Your PPI Ltd, trading as Reclaim Your PPI in respect of my/our claim. I/We expressly authorise that you, the Company, release to Reclaim Your PPI Ltd any information as requested by them. I/We acknowledge that I/We could pursue a claim directly with you, the Company, but I/We have instead opted to engage Reclaim Your PPI Ltd whose fees will be recoverable from me/us. I/We request that all communications and payments be made directly to Reclaim Your PPI Ltd. I understand that, in addition to the present Letter of Authority I will need to provide further information when raising an expression of dis-satisfaction to the lender, about the underlying product(s), service(s) and where known, specific account number(s) being complained about. Doing so will enable the lender to assess and determine the complaint as quickly and as effectively as possible.

Instructions to Third Party

I/We give authorisation for Reclaim Your PPI Ltd to contact any third party in order to gain information which may be needed to progress my/our claim. Furthermore, I/We give consent to the third party to release any information as requested by Reclaim Your PPI Ltd.

Declaration of Truth

I/We confirm that the information given in this form, and the reasons given to the company for the basis of my claim, are true to the best of my/our knowledge.

Terms of Business

You should only sign this document if you have read and accept the Reclaim Your PPI Ltd Terms of Engagement detailed in the information form and wish to give them full authority to make a claim on your behalf.

Our Reference Number

*

Lender

*

Brand

*

Account Number and Type of Account

*

First and Middle Names

*

Surname

*

Current Address

*

Postcode

Complete Date of Birth Below

*

Today's Date Below

*

Sign Below

*

Address when the PPI policy was sold:

Postcode

Dates Resided:

Previous Address History – Address 1

*

Postcode

Dates Resided:

Previous Address History – Address 2

*

Postcode

Dates Resided:

Maiden Name / Any Other Previous Name

*

** Fill in / complete*

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Reclaim Your PPI Ltd is regulated by the Claims Management Regulator in respect of regulated claims management activities, details available and recorded at www.gov.uk/moj/cmr. Our registration number is CRM23970.