



# Letter of authority

You must sign and return this form

Client ID:

**Notice: Please check that your first name, last name and all other details in this form are identical to the information that the company mentioned in Part 3 'About your claim' (below). Any mistakes you make on the form may delay processing your claim, or your claim may not be valid.**

## 1 Your details (Please use BLOCK CAPITALS)

Full Name (Include any previous name in brackets) \*  Date of Birth (DD/MM/YYYY) \*

Email

### Joint Claimant (Only fill this in if you have a joint account.)

Full Name (Include any previous name in brackets)  Date of Birth (DD/MM/YYYY)

## 2 Your address (Please use BLOCK CAPITALS)

**Notice: Ensure your current address in this form is identical to the current address that the firm/lender mentioned in part 3 below holds.**  
Current Address \*

Previous address 1 (Your previous address with the firm/lender mentioned in part 3 below)

Previous address 2 (Your previous address with the firm/lender mentioned in part 3 below)

Previous address 3 (Your previous address with the firm/lender mentioned in part 3 below)

## 3 About your claim

Who sold the policy? **State only one firm/lender: \***

Claim this authority applies to – Please choose only one of the products listed below.

**(You can only choose one product per letter of authority. If you need to choose more than one product, you must sign a separate letter of authority for each product with each bank. For example, to claim for PPI and PBA with Barclays Bank Plc, you must sign two letters of authority one for PPI and the other for PBA. You would need to do this for all other banks and financial institutions you want to make a claim against.)**

**Only select one (Do not tick any box if we have already pre-selected one, otherwise this document will be invalid):\***

PPI – payment protection insurance  CPI – card protection insurance

PBA – packaged bank account  Life or term insurance

UBC – unfair bank charges and fees  Other (please give details)

**Only select one (Do not tick any box if we have already pre-selected one, otherwise this document will be invalid):\***

## 4 Important – Your declaration and signature

By signing this document, I agree to all the following terms; 1. I appoint and authorise IronStone Legal ('the company' or 'them') to consider my claim for the service/claim/case mentioned to in Part 3 (above). 2. I agree to their Terms and Conditions which I have been provided and is available on their website 3. I accept this agreement and give them full authority to act on my behalf 3. Under rules DISP 2.7.1 R and 2.7.2 R of the Financial Conduct Authority (FCA) Handbook I authorise them to represent me. 5. This authority will apply until I provide further written notice otherwise. 6. You, the financial organisation or licensee, may release to them any information they may ask for, whether in writing or otherwise. 7. I provide authority for them to request and obtain information pursuant to the Data Protection Act 2018, General Data Protection Regulation GDPR and Consumer Credit Act. 8. I authorise you to send a copy of all letters to them 9. I confirm that I have received the terms and conditions that were enclosed with this letter and claims pack and that I have read and agree to them. (A copy of the terms and conditions is on the website [www.IronStoneLegal.com](http://www.IronStoneLegal.com).) 10. I agree that I will pay a success fee to IronStone Legal mentioned and calculated in their terms and conditions. 11. Plain English Campaign's Crystal Mark does not apply to the following statement as it is set by the British Bankers' Association. "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 as possible."

Sign & Date

\* Your signature:

\* Date

Joint claimant's signature:

Date

