

LETTER OF AUTHORITY

Ref: *(for office use only)*

Card Holders Name(s):

Credit card Lender:

Credit card Number:

To whom it may concern:

1. As provided for the under rule DISP2.4.16 R of the Financial Services Authority (FSA) Handbook, which states that "A complaint may be brought on behalf of an eligible complainant, or a deceased person who would have been an eligible complainant, by a person authorised by the eligible complainant or authorised by law", I/we Hereby authorise ReclaimMyCharges.com to act on my/our behalf on my/our claim for compensation in respect of unreasonable sales or advice of Credit card/bank charges or miss-sold Payment Protection Insurance.
2. I/we confirm that I/we have lawfully contracted with ReclaimMyCharges.com to act on my/our behalf and that all communications and payments will be made direct to this company
3. I/we also authorise that where applicable (a)providers (b)arrangers and/or (c)lenders of the PPI release any other information to ReclaimMyCharges.com, whether confidential or otherwise, if or when requested either by telephone, writing, fax or Email and to be done so without delay. Any fee incurred for supplying such data pursuant to the data protection act to be debited to my account/ credit card with you. This authority will endure until further notice.
4. I/we hereby advise that wilful failure of any relevant parties to follow my/our express instruction with regard to dealing with ReclaimMyCharges.com whom I/we have contracted with, may render the offending party liable to legal recourse for inducing/procuring a breach of contract, restraint of trade; breaches of the Competition Act 1988, the Enterprise Act 2002 and Articles 81 & 82 of the EC Treaty.

SIGNATURE(s)	ADDRESS
DATE SIGNED	DATE of BIRTH