

Please enter the required information below, sign & date at the bottom of the form where indicated and return it to Hidenda in the Freepost Envelope. You must complete & sign a separate Letter of Authority for each individual bank or lender. For joint accounts both signatories need to sign this form.

Enter the name of the bank or lender below

Name of bank or lender:

You can only enter one bank or lender here

Loans | Credit Cards | Mortgages | Store Cards | Overdrafts

Circle the products above that you have taken with this bank or lender. The bank or lender will only look into the products you circle. Circle everything if you want everything looked into.

Policyholder

Full Name:

Include middle names and/or previous names

Date of birth:

Current Address:

Previous Address: Leave blank if not applicable

Joint policyholder (leave blank if there is no joint policyholder)

Full Name:

Include middle names and/or previous names

Date of birth:

I/we have appointed and authorised Harwood Claims Management Ltd, trading as Hidenda, Firm reference number 830519 of Unit 6E2 Boundary Court, Willow Farm Business Park, Castle Donington, DE74 2NN, to act as my/our sole representative on my/our behalf in accordance with the FCA's Dispute Resolution Guidelines and to pursue all aspects they consider necessary in relation to my/our dealings with your firm. This Letter of Authority relates to the products and accounts I/we have, or have had, with you and which are specified above. I/we instruct and give permission for you (the bank/building society/card provider/finance provider/loan broker/underwriter/insurance provider/financial advisor) to immediately release any information Hidenda may ask for by telephone or in writing (including by fax or email). This includes information in response to a request made under Sections 77-79 of the Consumer Credit Act 1974 and/or the Data Protection Act 2018/ General Data Protection (GDPR). In addition, I/we authorise Hidenda to approach the ICO on my/our behalf, if such requests are not provided within agreed timescales by the aforementioned lender.

I/we have a legally binding contract with Hidenda and I/we instruct that you contact them whenever you need to send me/us information or contact me/us in connection with this matter.

I/we hereby authorise and instruct Hidenda to pursue any complaint on my/our behalf, and for any documentation relating to this matter held by any party involved to be disclosed to Hidenda upon request.

I/we authorise and instruct Hidenda to obtain any information from any third parties for the purposes of fully investigating, pursuing and settling any potential complaint I/we have authorised and instructed Hidenda to make.

I/we authorise and instruct Hidenda to receive on my/our behalf any offer of compensation awarded or agreed. Any cheque in payment of this award should be sent and made payable to 'Hidenda' who will then deduct their fees pursuant to my/our Agreement with them and send me/us a cheque for the balance.

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.

Very Important – Please Remember To Print Your Name, Sign & Date Below

Policyholders Name Signature Date

Joint Holders Name Signature Date
leave blank if not applicable