

Client Reference:
Product / Account:

Financial Institution:
Account / Policy Number (if available):

I/We hereby authorised Compi Claims Limited, to:

- ✓ *Request that all communication is made directly with them at my/our request and not with me/us as the customer(s). This relates to all communication, including e-mails, letters, and faxes.*
- ✓ *Act on our behalf and obtain any information deemed necessary, from any third party, or organisation.*
- ✓ *Use a photocopy of this document instead of the original, to ensure an investigation is completed without the need for additional documentation being signed.*
- ✓ *Inspect any offer made, in full and final settlement of our complaint, to establish if it is considered to be fair and reasonable.*
- ✓ *Refer a complaint to an Adjudicator at the Financial Ombudsman Service on our behalf, should our complaint be declined, or an offer be deemed to be unfair or unreasonable.*
- ✓ *Pursue the agreed fee, in the event of a claim being accepted, in accordance with its terms of engagement document.*
- ✓ *To request cancellation of our product(s), on the understanding that this may be in line with the terms and conditions of an offer, and in doing so, does not form any kind of financial advice.*
- ✓ *Refer us to an Independent Financial Adviser if necessary, to ensure that our best financial interests are taken care of.*
- *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 products, services and where known, specific account numbers being complained about. Doing so will enable the lender to assess and determine the complaint as quickly and effectively as possible.*

In accordance with the terms of engagement document, and in signing this agreement, I/we fully understand that Compi Claims Limited ARE NOT authorised to provide any financial advice.

Client (1) *Policy Holder*
Signature:

Client (2) *Joint Policy Holder*
Signature:

Full Name: (1.)

(2.)

DOB: (1.)

(2.)

Date:

Address:

Postcode: