

# Authority to act

If you would like somebody to act on your behalf when making a complaint to us, or communicating with us about your complaint, you will need to fill in this form.

## Customer declaration

I agree that the Adjudicator's Office may communicate with my representative in connection with my complaint.

Your name

Your daytime phone number

Your full address (including postcode)

Signature

Date

## Representative's details

Representative's name

Relationship to Customer (for example agent, friend)

Representative's address (including postcode)

Representative's phone number

**Please tell us of any changes. We will act on this form until you tell us otherwise.**

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**Office use only**

Case reference number: