

GRANTING THIRD-PARTY AUTHORITY FORM

Third-Party Authority Form Completion Guidance

This form should be completed if you wish a third-party [either a person or an organisation] to communicate with Border Force on your behalf, about your complaint.

You must consider what information they may learn about you.

- This could include personal information about your dealings with the Home Office and Border Force which they may not be aware of.
- It could include financial details if your complaint is about a claim for financial compensation.

The Border Force Correspondence Team (BFCT) is required by law to keep information confidential. BFCT will only share your information if legally allowed to do so, or if we have your consent to do so.

Article 6(1)(a) of the UK General Data Protection Regulations 2016 sets out the lawful bases for processing personal data;

- (a) Consent: the individual has given clear consent for you to process their personal data for a specific purpose

More information about consent can be found here. [What is valid consent? | ICO](#)

If you are unsure about giving consent, please seek legal advice before proceeding.

Please complete all sections of this form in **BLOCK CAPITALS** and ensure all sections are completed. If the form is not fully completed, third-party authority consent will not be put in place. Please ensure your signature is by hand.

My Details

MY CASE REFERENCE	
<i>Your case reference number can be found on the correspondence you have received from BFCT</i>	
FULL NAME	
ADDRESS	
ADDRESS	
POSTCODE	
EMAIL ADDRESS	
DATE	

I confirm that I wish to nominate a third-party, the below named [person or organisation] to correspond with BFCT on my behalf.

This will include receiving personal information about me from Border Force.

This authority will remain in force until I notify you otherwise in writing or until my complaint is concluded.

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DECLARATION	
	<input type="checkbox"/> • I understand that by completing this third-party authority form giving my consent will allow the third-party [person or organisation] to communicate with BFCT about me, while my complaint is being processed
	<input type="checkbox"/> • I understand the risk of my information being shared by a third-party [person or organisation] and understand that BFCT has no control over this.
	<input type="checkbox"/> • I understand by signing this form, I accept any risks associated with providing third-party authority consent
	<input type="checkbox"/> • I understand that the sharing of information with the third-party [person or organisation] I have nominated will start when BFCT receives this signed consent form and understand that this will remain in place until the complaint is closed, or until I restrict/withdraw consent.
	<input type="checkbox"/> • I understand I can restrict or withdraw my consent at any time by contacting BFCT.
SIGNATURE (BY HAND)	
DATE	

*Please supply evidence of identity [one item from list A and one from list B] either a photograph or clear photocopy.

Customer	List A: Photo identification	List B: Address confirmation
Individual	Unexpired passport Unexpired Photocard Driving Licence	Official proof of address

THIRD-PARTY NOMINATION	
FULL NAME	
ADDRESS	
ADDRESS	
POSTCODE	
RELATIONSHIP TO COMPLAINANT	
EMAIL ADDRESS	

Third-Party Nomination Acceptance Declaration <i>[to be completed by the third-party]</i>

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- By agreeing to act as the third-party for the above-named person, I understand that I will be able to give and receive information about them.
- All future communication sent from BFCT will be supplied to me.
- If I wish to withdraw my position as a third-party to the above-named individual, I will inform BFCT straight away.

THIRD-PARTY NOMINATION ACCEPTANCE	
FULL NAME	
ADDRESS	
ADDRESS	
POSTCODE	
RELATIONSHIP TO COMPLAINANT	
EMAIL ADDRESS	
SIGNATURE (by hand)	
DATE	

*Please supply evidence of identity [one item from list A and one from list B] either a photograph or clear photocopy.

Third-Party	List A: Photo identification	List B: Address confirmation
Individual	Unexpired passport Unexpired Photocard Driving Licence	Official proof of address

Where to send the completed form

When you have completed the form please send it to the Border Force Correspondence Team –

borderforcecomplaintsandcompliments@homeoffice.gov.uk

If you cannot email, please send your completed form to:
 Border Force Correspondence Team
 Building 25
 Priory Court
 St John's Road
 Dover
 Kent CT17 9SH