Third party authority to act on your behalf form

Your authority

At Citizens Advice Bucks, we need to ask for your authority and consent if you wish for another person (third party) to speak to us on your behalf.

Client Name:			
Client Address and Postcode:			
l (client), authorise	to	act on my behalf.	
• • •		for my personal information to be reco	rded:
Concerning (tick all that appl	y):		
☐ Employment ☐ Money advice ☐ Housing ☐ Immigration	☐ Benefits ☐ Consumer ☐ Discrimination ☐ Travel and transport	☐ Relationships and family☐ Council Tax☐ Health and community care☐ Other	
How we use your information	<u>1</u>		
When we record and us	se your personal information	we:	
 only share what 	hen we have a good reason t is necessary and relevant ommercial organisations		
We need to record information We'll make sure all your inform		enquiry. We have a legitimate interest to re case management system.	do this.
In addition , we need your (clie you give consent to record any		special category information. Please tick l to your query:	oelow if
☐ Health☐ Ethnic origin☐ Religious or philosophical be		orientation nion Membership	
Signature (Client):		Date:	
Signature (Third party):		Date:	

About us

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