

# LETTER OF AUTHORITY



## Authority and instructions to act on behalf of the client and to provide Information and pay compensation to Monster Claims Limited

### To Whom It May Concern:

Credit Card Provider:

Credit Card Number:

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**Authorisation to Monster Claims Limited** – I/We authorise Monster Claims Ltd to act my/our behalf in pursuing my/our Claim in respect of unfair charges made by your company relating to the above accounts. I/We give Monster Claims Ltd full authority to refer the claim to the Financial Ombudsman service if this is believed to be in my/our best interest.

**Instruction to the Company** – Please accept this letter as my/our instruction for you, the company, to deal directly with Monster Claims Ltd in respect of the Claim and to provide them with any information they request to pursue my/our Claim. (Including the provision of my last six years credit card statements, sent directly to Monster Claims Ltd.

I/We understand that we can pursue this claim myself/ourselves without the involvement of Monster claims Ltd; However I/We have decided to allow monster claims to represent my/our claim. They will recover their fees from compensation paid to me/us.

**Compensation** – This letter constitutes a full assignment by me/us for Monster Claims Ltd to receive my/our entitlement to any compensation or other monies agreed or subsequently awarded to me/us. Such monies will promptly be paid to me by Monster Claims Ltd less their fee for the services carried out by them.

I/We hereby instruct you to pay any award of compensation to Monster Claims Ltd, who will hold the money on my/our behalf. The compensation is to be paid to: Monster Claims Ltd Client Account.

**Instruction to Third Parties** – In the event that you need to contact a third party to progress my/our claim for any reason, I/We give my/our authority and consent for the third party to provide the company and Monster Claims Ltd with any information they request in order to pursue my/our claim effectively.

**Declaration of Truth** - I/We have read and accept Monster Claims Ltd Terms and Conditions and give them full authority to make a claim on my/our behalf. I/We confirm that the information given in this letter and in this leaflet is to the best of my/our knowledge accurate and a truthful reflection of my/our recollections of events at the point of sale.

**Terms of Engagement** – I/We have read and accept Monster Claims Ltd Terms of Engagement and give them full authority to make a claim on my/our behalf.

<b>Policy Holder 1</b>		
Title	First Name	Initial
Surname		
Date of birth	D   D   M   M   Y   Y	
Address		
Postcode		
Signature		
Date		

<b>Policy Holder 2</b>		
Title	First Name	Initial
Surname		
Date of birth	D   D   M   M   Y   Y	
Address		
Postcode		
Signature		
Date		