



Lochfield Park
Housing Association

Representation Mandate

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| 1. Details of Person <u>being</u> represented |
| Full Name:.....DOB:..... Address..... Tel No:..... Mobile No:..... Email..... |
| 2. Details of the person <u>acting</u> as a representative |
| Relationship to person being represented:..... Full Name:.....DOB:..... Address..... Tel No:..... Mobile No:..... Email..... |
| 3. Please specify the area(s) where you want to be represented |
| <input type="checkbox"/> Repairs & Maintenance <input type="checkbox"/> Complaints <input type="checkbox"/> Payments <input type="checkbox"/> Debt Recovery <input type="checkbox"/> Housing Application <input type="checkbox"/> Insurance <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> I DO NOT wish amendments to be made to my information by my representative. |
| 4. Withdrawing Consent to Representation |
| I agree to the sharing of my personal information with my named representative until I withdraw this consent. <i>Consent must be withdrawn in writing.</i> |
| 5. Declaration to be completed by both parties |
| We certify that the information given on this mandate is true. We understand that it is necessary for you to confirm our identities and that it may be necessary to contact us for further information to allow this mandate to be processed. We understand that the information contained in this form may be used to update records held by Lochfield Park Housing Association. Signature..... Date..... Party being represented Signature..... Date..... Representative |

