

Please complete, sign and return this form by post or scanning to:

Customer Service Support
Cray House 3 Maidstone Road Sidcup DA14 5HU
Tel: 0300 456 9996
Email: Customerservicesupport@lqgroup.org.uk



Consent Form

Please complete this form if you would like to authorise someone to access your data and act on your behalf. If you wish to withdraw this permission, you must notify us in writing.

Section A: Your Personal Details

Name:
Tenancy reference number:
Address:
Postcode:

Section B: Representative/s to whom you are granting permission to access your personal information and act on your behalf (complete as necessary)

PLEASE ATTACH COPIES OF TWO FORMS OF IDENTIFICATION FOR EACH REPRESENTATIVE

Person 1's details

Name:	
Address:	
Postcode:	
Telephone (home):	Telephone (mobile):
Email:	
Relationship to you:	

Person 2's details

Name:	
Address:	
Postcode:	
Telephone (home):	Telephone (mobile):
Email:	
Relationship to you:	

Section C: Representative's authorisation

- I am the representative named in Section B and agree to act on behalf of the resident named in Section A.
- I agree to my personal details being processed in accordance with this by L&Q & its partners.
- I confirm I am aged over 18.

Person 1 Signature	Date:
Name (printed):	

Person 2 Signature:	Date:
Name (printed):	

Section D: Contacting you

If we need to write to you or contact you by telephone or email, please tell us who we should contact first:

You Person 1 Person 2

Section E: Your authorisation

- I am the resident named in section A and hereby give consent for the person or people named in section B to access my personal information and act on my behalf.
- I confirm these people are aged over 18 and I will notify L&Q in writing if at any time I wish to withdraw these permissions.
- I confirm that the information I have provided is correct to my knowledge and belief.

Signed	Date:
Name (printed):	

Or

The resident named in Section A is not able to sign this form but proof of consent is provided in the attached document (copy of Power of Attorney for example)

Or

The resident named in Section A lacks the capacity to give consent. Proof of authority to act on his or her behalf is provided in the attached document (Lasting Power of Attorney or Appointeeship for example)