



Office 6, Newlands House, 60 Chainhouse Lane, Whitestake, Preston, Lancashire, PR4 4LG

• Phone: 0800 917 2905 • Web: [www.strathernassociates.co.uk](http://www.strathernassociates.co.uk)

### Letter of Authority

Loan Provider: \_\_\_\_\_

Loan number: \_\_\_\_\_

1. **Authorisation to Strathern Associates Ltd**– I/We authorise Strathern Associates Ltd to act on my/our behalf in pursuing my/our claim in respect of advice received from and/or sales made by the company relating to the above. I/We give Strathern Associates Ltd full authority to refer the complaint to the Financial Ombudsman Service or a third party solicitor if this is believed to be in my/our best interest.

2. **Instructions to the lender**- Please take this letter as my/our instructions to you, the company, to deal directly with Strathern Associates Ltd in respect of the complaint and to provide them with any information they request and require to pursue my/our complaint **either orally or via written communication**.

3. I/We understand that in the event of a successful claim my/our payment protection policy will be cancelled and it is my/our responsibility to arrange replacement cover if required. However, Strathern Associates Ltd can advise on obtaining a new insurance policy.

**Instructions to third party** – In the event that you need to contact a third party to progress my/our claim for any reason, I/we hereby give my/ our authority and consent for the third party to provide the company and Strathern Associates Ltd with any information they request and may require to pursue my/our claim.

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

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

<b>Customer 1</b>		<b>Customer 2</b>	
Title:	First Name:	Title:	First Name:
Surname:		Surname:	
Date Of Birth:		Date Of Birth:	
Address:		Address:	
Postcode		Postcode	
Telephone:		Telephone:	
Mobile:		Mobile:	
Signature:		Signature:	
Date:		Date:	
E-mail Address:		E-mail Address:	



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### **Terms of Instruction**

#### **Please Read, Sign and Date below**

I/we hereby appoint Strathern Associates Ltd to act on my/our behalf as my/our sole representative in respect of my/our claim for any mis-sold Payment Protection Insurance. I/we shall provide all information required by Strathern Associates Ltd as requested, by return. I/we shall not enter into any agreement with the Bank/Lender without first consulting Strathern Associates Ltd.

#### **Cancellation:**

Strathern Associates Ltd can cancel this agreement at any time and no fee will be payable by you if we think there are no grounds for a complaint or that your claim is unlikely to succeed. The Company shall have the right to terminate the contract by giving written notice to the client and at any time to immediately terminate the contract if there occurs any material breach by the client of any term of the contract which is irremediable or if remediable is not remedied to the Company's satisfaction within 15 days of a written notice by the Company specifying the breach and requiring it to be remedied: or the client is adjudicated bankrupt; or the client does not follow any recommendations of the Company. The client shall have the right to terminate the contract by giving written notice to the Company within 14 days of signing the contract. In the event that the client terminates the contract after 14 days the Company reserves the right to make a cancellation charge that will reflect the work undertaken by us in pursuit of your claim. Naturally this could be anything up to our full fee plus VAT at the time.

#### **Law & Jurisdiction:**

The law applicable to this contract shall be English law and the parties consent to the jurisdiction of the English courts in all matters affecting this contract. Services provided to the Company may include commencement of legal proceedings to recover compensation, but this not applicable in every case. The Company makes no representation or warranty to the Client that compensation will be obtained or is in any way guaranteed. The Company reserves the right at any time, at its sole discretion, not to pursue a claim for compensation and will notify the Client in writing if this should occur.

#### **Fee & Payment:**

**Our fee is 20% plus VAT.** We require that you promptly pay our fee no later than 10 days after you receive your compensation. In the event the Company takes steps to recover the unpaid fees, the Client shall pay to the Company a recovery fee of £150 plus VAT. An example of our fee - Compensation Awarded is £1200, our fee is £240 plus VAT, would equal total costs to you of £282.00 Amount paid to the Client equals £918.00 You may be paid directly into your bank account or via cheque.

#### **Complaints:**

Strathern Associates Ltd has an internal complaints procedure, which can be seen at [www.strathernassociates.co.uk](http://www.strathernassociates.co.uk)

#### **Declaration:**

I/We confirm that I/we have read and understood the above terms and conditions and by signing below, confirm acceptance of the terms and conditions of the agreement with Strathern Associates Ltd and wish them to act on my/our behalf. This agreement is a binding contract and by signing it you are accepting its terms.

**Name:** \_\_\_\_\_ **Joint Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Joint Signature (if applicable):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### **PPI Questionnaire**

**The sales advisor should have made sure Payment Protection Insurance was suitable for you, taking into consideration your personal and financial circumstances at the time of advice.  
Please answer the following questions:**

At the time of the sale:

Who did you purchase the policy from?

When did you purchase the policy (i.e. 12/03/06)?

Is the policy still in place? If 'No, then state an approximate date of when the loan was paid off

Have you made a successful claim on the insurance policy?

What was your occupation at the time of taking out the loan? i.e. Self-employed, Retired, etc.

Did you have any pre-existing medical conditions when you took out the loan or whilst while the loan was current?

Has the Loan ever been in arrears OR entered into a Debt Management Program?

**Please mention anything else you feel you can add to your complaint below.**

Strathern Associates Limited is regulated by the Ministry of Justice in respect of regulated claims management activities (CRM21268); its registration is recorded on the website [www.claimsregulation.gov.uk](http://www.claimsregulation.gov.uk). ICO Number: Z2009969



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### CHECKLIST

This will ensure that we have all the necessary information to process your case immediately.

1. Loan Agreement OR Loan Account Number

2. Terms Of Instruction (signed)

3. Letter Of Authority (signed)