



CLAIM FORM

CREDIT CARD CHARGES

If you did not already know, **Credit Card Charges are Unfair**. If you have missed payments or exceeded your spending limit you will have been charged penalty fees and they are unfair. We can get you a refund going back 6 years.

Unless we are successful you do not pay a penny.

YOUR DETAILS (Please complete)	Please use <u>one</u> claim form per policy
Your Name:	Date of birth: ___ / ___ / 19__
Your Address:	
Your Postcode:	
Telephone number:	Email:
Name of Credit Card Company: _____ (MBNA, Barclaycard etc)	Card/Account number: _____ (Long number on card)
Do you have Card Payment Protection Insurance on this card? YES / NO (please circle correct answer) (If yes, we may be able to claim that for you as well)	
Are you in a debt management programme / IVA or bankrupt? YES / NO (please circle correct answer)	

Letter of Authority

ANG-LFFL

Dear Sirs,

I hereby appoint and expressly authorise Claims Financial Limited "the Company" to act on my behalf in respect of a claim for unfair credit charges and/or PPI.

I/we refer to the Financial Services Handbook (Disp 2.4.16R which provides "A complaint may be brought on behalf of an eligible complainant, or a deceased person who would have been an eligible complainant, by a person authorized by the eligible complainant or authorized by law." The FSA states: "We understand that good practice in this area would mean both accepting and handling complaints via third parties, and corresponding with such third parties as if they were the consumer, although this does not preclude firms from sending copies of correspondence to the consumer.

"I/we insist that: you release to Claims Financial Limited without delay any information they request whether orally or in writing (to include fax and email). I/we further state that we have contracted Claims Financial Limited to act on our behalf and have agreed to their terms and conditions which are set out in a separate document which I have read and understood. I/we insist that all payments and communications be directed to Claims Financial only who will then act upon my instructions to them. I/we further provide that any failure by any of the parties referred to at paragraph 3, to comply with this my/our request will be deemed to constitute a breach of contract and will result in an immediate referral to the Financial Services Ombudsman and/or the appropriate regulatory authority.

Yours faithfully

Sign and date

X	
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Sign and date

(Second account holde

X	
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info@claimsfinancial.co.uk