

Third Party Consent Application Form

To nominate someone else to be able to discuss your account on your behalf, please fill out the below form and send back to Metropolitan, Driscoll 2, Ellen Street, Cardiff, CF10 4BP, or send us a contact form at www.metropolitanlocal.co.uk. If you have any queries about this form, please contact us on 02920 100346.

In order for us to disclose information to another party on your behalf, we must have your consent and their consent in writing. The form should be signed by you and the nominated party. By completing the form below, you are giving Metropolitan permission to discuss/manage your account with your nominated party. If you wish to cancel this arrangement or request another form, you can log into your account or contact us for more information.

1. Your details

CUSTOMER REFERENCE NUMBER	
NAME	
ADDRESS	
CONTACT NUMBER	
EMAIL ADDRESS	

2. Nominated third party details

NAME	
ADDRESS	
CONTACT NUMBER	
EMAIL ADDRESS	

3. Consent

I HEARBY AUTHORISE TO DISCUSS/MANAGE MY ACCOUNT WITH REGARDS TO:

DEALING WITH GENERAL ACCOUNT AND BILLING QUERIES

BEING CONTACTED IF BILLS ARE NOT PAID

BILLS TO BE SENT TO AUTHORISED THIRD PARTY

PAY BILLS BUT NOT LEGALLY LIABLE (PERMISSION FROM THE CARD HOLDER IS ALWAYS REQUIRED)

TICK BOX IF BILLING ADDRESS FOR THIRD PARTY IS SAME AS ABOVE

UPDATE ADDRESS			
CUSTOMER SIGNATURE		DATE	
NOMINATED THIRD PARTY SIGNATURE		DATE	