

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 seethelight, Driscoll 2, Ellen Street, Cardiff, CF10 4BP, or email to enquiries@seethelight.co.uk. If you have any queries about this form, please contact us on 0800 331 7638.

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 seethelight permission to discuss/manage your account with your nominated party. If you wish to cancel this arrangement or request another form again, you can log into your account or contact us for more information.

Section a - Your Details:

Customer reference number: _____

Name: _____

Address: _____

Contact number: _____ Email address: _____

Section b - Nominated Third Party Information

Name: _____

Address: _____

Contact number: _____ Email address: _____

Relationship to customer: _____

Section c - Consent

I hereby authorise: _____ to discuss/manage my account with regards to:

Deal with general account queries and billing queries

☐

Pay bills but is not legally liable (permission from the cardholder is always required).

☐

Be contacted if bills are not paid

☐

Bills to be sent to authorised third party

☐

Tick box if billing address for third party is same as above in section b.

☐

Update Address: _____

Signed (customer): _____ Date: _____

Signed (nominated third party): _____ Date: _____