



Representation Mandate

1. Details of Person being represented

Full Name:.....DOB:.....

Address.....

Tel No:..... Mobile No:.....

Email.....

2. Details of the person acting as a representative

Relationship to person being represented:.....

Full Name:.....DOB:.....

Address.....

Tel No:..... Mobile No:.....

Email.....

3. Please specify the area(s) where you want to be represented

Repairs & Maintenance Complaints Payments

Debt Recovery Housing Application

Other (Please Specify)

I DO NOT wish amendments to be made to my information by my representative.

4. Withdrawing Consent to Representation

I agree to the sharing of my personal information with my named representative until I withdraw this consent. ***Consent must be withdrawn in writing.***

5. Declaration to be completed by both parties

We certify that the information given on this mandate is true. We understand that it is necessary for you to confirm our identities and that it may be necessary to contact us for further information to allow this mandate to be processed.

We understand that the information contained in this form may be used to update records held by Ferguslie Park Housing Association.

Signature..... Date.....
Party being represented

Signature..... Date.....
Representative

Please return completed representation mandates to:

**Ferguslie Park Housing Association
The Tannahill Centre
Ferguslie Park
Paisley
PA3 1NT**