



**This mandate will allow someone to act on your behalf.**

*Please retain a copy of this mandate and produce this mandate, when acting on behalf of the person being represented.*

**1. Details of the person *being* represented**

Full name.....  
Address.....  
.....  
Tel no.....Mobile no.....  
Email..... DOB.....

**2. Details of the person *acting* as representative**

Full name.....  
Address.....  
.....  
Tel no.....Mobile no.....  
Email..... DOB.....

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

- Repairs and maintenance     Complaints     Payments
- Debt recovery                       Rehousing     Care services
- Insurance                               Common charges
- Other: e.g property address, account reference:

.....  
.....

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

**4. Please indicate how long you want this representation to last**

- 6 months     1 year     18 months

**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 Wheatley Group.**

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

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



The form is numbered from 1 to 4 and you **MUST** complete each section in full.

|                             |  |
|-----------------------------|--|
| <b>Section 1</b>            | Enter your details here. Please complete in full.  |
| <b>Section 2</b>            | Enter full details of the person who will be acting as your Representative. Please complete in full.   |
| <b>Section 3</b>            | <p>Without this instruction, we are unable to discuss anything with your Representative.</p> <p>We need to know what areas you wish us to discuss with your Representative. Tick the relevant box for each area. You can tick more than one.</p> <p>If you do <b>NOT</b> want your Representative to change information we hold about you, please make sure you tick the relevant box.</p> <p>You should advise YourPlace as to whether you or your Representative want to receive correspondence relating to the areas ticked on this form.</p> |
| <b>Section 4</b>            | <p>Please indicate how long you want your Representative to act on your behalf.</p> <p>The maximum duration is for 18 months. At the end of this period, we will automatically notify you and your Representative of the expiry of the mandate with the option to renew.</p>   |
| <b>Section 5: Signature</b> | Please ensure that you and your Representative sign and date this form.  |

We also require proof of identity.

**When returning this form, please send proof of identity for you and your representative.**

Proof of identity should be forwarded with the completed form:

- By email to: [talk@your-place.net](mailto:talk@your-place.net)
- Into one of our local offices

**If you need help with any part of this form, contact us on 0800 479 7979**