

Authorised Contact and Third Party Permission Form

At Wandle we take data protection very seriously and work very hard to keep your personal information secure and safe. We understand that sometimes you want someone else (a “third party”) to speak to us or act on your behalf. For example, this could be a family member, friend, solicitor or other agency such as a charity.

Your permission is required before Wandle can release personal information which we hold about you to any third party including people acting on your behalf. We do this with all customers as it is an important part of our data security processes and in keeping your information safe.

Please complete this form and send it to: neighbourhoodadministration@wandle.com

Or post it to:

C/O Neighbourhood Admin
Wandle,
230 Blackfriars Road
London
SE1 8NW

Removing Permission

You may remove consent to disclose and discuss your information with this person or organisation at any time by contacting us on:

Email: DPO@wandle.com

Phone: 0300 2000 120

To learn more about how Wandle uses personal data please see our Privacy Policy at <https://www.wandle.com/privacy>

1. Your details

Name:	
Address:	
Postcode:	
Date of Birth:	
Contact Number:	

2. Details of the person/organisation you are giving permission to act on your behalf

Name:	
Address:	
Postcode:	
Date of Birth:	
Contact Number:	
Email address:	

3. Information and matters to be disclosed and/or discussed

Please identify which information and matters you would like the third party to be able to discuss with us and act on your behalf on.

Full Access (including all of the below)	<input type="checkbox"/>
Rent and Service Charge Account and Payments	<input type="checkbox"/>
Tenancy Management	<input type="checkbox"/>
Benefit Claims and Enquiries	<input type="checkbox"/>
Repairs and property improvements	<input type="checkbox"/>
Requests for personal information	<input type="checkbox"/>

Other (please specify):

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4. Why you want information to be disclosed

Please explain why you wish for this person to act on your behalf:

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5. How long do you wish this consent to remain valid for?

After this date, we will not release your information to the person(s) named without your consent. If you wish for consent to remain indefinitely then please state so below.

Date When Consent Ends	
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6. Permission

Resident Permission

I am the resident and I agree for the representative named in Section 2 to act on my behalf as outlined in Section 3. I confirm this person is aged over 18.

Signature:	
Name:	
Date:	

Third Party Representative's Consent

I am the representative named above and agree to act on behalf of the resident in line with any restrictions outlined above. I also consent to my details being held on file.

Signature:	
Name:	
Date:	

Please note: If you do not have access to a printer and cannot sign the document then we may need to contact you to confirm that this is a valid requested. We may also need to check with the authorised contact to ensure they have provided their consent.