



CA Reference:

Client Name:

Address:

Authorisation to Act

I/We hereby authorise Citizens Advice Richmond to act on my/our behalf regarding:

I also authorise Citizens Advice Richmond to provide information to and receive information from third parties and/or make referrals to third parties. This includes sharing the following Special Category Data:

Health Condition . Ethnicity . Religion Sexual Orientation . Trade Union Membership

X _____



Signature Certificate

Document name: 3rd Party - General FOA

🔒 Unique Document ID: 80A753CF26B1BA4D4D4C1EDCFE4DD69D0880E23F

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WPsignature
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Timestamp

Audit

20th July 2021 9:02 am
GMT

3rd Party - General FOA Uploaded by Bradley Johnson
- Advice@citizensadvice-richmond.org IP
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