



CA Reference:

Client Name:

Address:

I/We 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, regarding the above.

X _____

Signature Certificate

Document name: General Form of Authority

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Timestamp

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23rd June 2021 11:37 pm
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3rd March 2025 4:54 pm
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3rd March 2025 5:02 pm
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3rd March 2025 5:08 pm
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