



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

LEGALLY SIGNED USING
WPsignature
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Timestamp

Audit

20th July 2021 9:02 am BST

3rd Party - General FOA Uploaded by Bradley Johnson
- Advice@citizensadvicerichmond.org IP
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5th August 2021 8:41 am
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This audit trail report provides a detailed record of the
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