



CA Reference:

Client Name:

Address:

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

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

- ☐ Ethnicity
- ☐ Health Condition
- ☐ Religion
- ☐ Sexual Orientation
- ☐ Trade Union Membership

X



Signature Certificate

Document name: Authority to Act

Unique Document ID: C33B51358DCCFD60A6855D62B0CA2F990509866B



Timestamp

23rd June 2021 11:37 pm
BST

6th February 2024 10:49
am BST

12th February 2024 11:57
am BST

12th February 2024 12:13
pm BST

Audit

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This audit trail report provides a detailed record of the
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