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**Policyholder Declaration**

I would like the Lloyd’s Complaints team to consider my complaint. I understand

that:

 You will need to handle personal details about me, which could include sensitive information (for example, about health matters) in order to deal with my complaint effectively;

 You may need to exchange information about my complaint with other organisations (for example, to find out important facts relating to my case);

**I, (name of policyholder)** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**authorise (name of representative)** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**to submit and pursue this complaint on my behalf.**

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| Policyholder Details |  | Representative Details |
| Address : |  | Address : |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Email : |  | Email : |
| Telephone : |  | Telephone : |
| Preferred Method of Contact (*please delete)* :  Letter / Email / Telephone |  | Preferred Method of Contact (*please delete)* :  Letter / Email / Telephone |

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Policyholder Signature Date: / /