

This mandate will allow the below named person to act on your behalf in contact with SBHA in relation the areas you choose below. If you would like to update or cancel this mandate at any time or have any questions, please contact SBHA.

Details of the person(s) being represented	
Name(s)	
Address	
Telephone No/Email	
Date of Birth(s)	
Details of the person acting as representative	
Name	
Address	
Telephone No/Email	
Date of Birth	
Please specify the areas where you want to be represented	
<input type="checkbox"/> Repairs & Maintenance	<input type="checkbox"/> Allocations
<input type="checkbox"/> Rent Payment/Debt	<input type="checkbox"/> Personal/Sensitive Information
<input type="checkbox"/> Insurance Claim	<input type="checkbox"/> Other (please specify below):
<input type="checkbox"/> Specific Complaint/Enquiry	_____
Please specify how long you want the representation to last	
<input type="checkbox"/> Until the end of my current enquiry/compliant only	<input type="checkbox"/> 1 year
<input type="checkbox"/> 6 months	<input type="checkbox"/> 2 years
Declaration (to be signed by all parties named above)	
<p>We confirm that the information given above is correct, and give permission for SBHA to contact the representative named above relating to the aspects of my Tenancy and/or Application as specified above. More information on SBHA's Privacy Policies and Notices can be found at www.sbha.org.uk/Privacy. Please Note – it may be necessary for SBHA to verify your (and your representative's) identity before putting this mandate in place.</p>	
Signed (represented)	
Date	
Signed (representative)	
Date	