

### Letter of Authority

I, the undersigned, hereby authorise Claimhub Alliance Limited to act on my behalf to investigate, manage, and submit claims related to planning application compensation. This includes liaising with relevant local councils, legal representatives, and any third parties as required to process and recover the compensation owed to me.

**I confirm that:**

- Claimhub is authorised to handle all necessary communications and paperwork on my behalf.
- I provide consent for Claimhub to share my personal details with councils or legal teams where required to progress my claim.
- I authorise Claimhub to receive compensation payments on my behalf if required for administrative purposes. Claimhub may also nominate the compensation to be paid directly to me at their discretion. Any compensation received by Claimhub on my behalf will be promptly transferred to me after any agreed fees have been deducted.
- I understand that Claimhub will notify me of all progress and that a fee of 30% upon successful recovery applies, as outlined in the Terms & Conditions.
- I authorise Claimhub to submit a Subject Access Request (SAR) under the Data Protection Act 2018 to relevant local authorities or third parties as required to retrieve any necessary information to progress my claim.

**Communication Preference**

I confirm that I do not wish to receive direct correspondence from local councils, their representatives, or any other parties regarding this matter. All communication related to my claim should be handled exclusively by Claimhub Alliance Limited on my behalf.

**Legal & Compliance Acknowledgements**

- I understand that Claimhub is acting as my authorised representative in relation to my claim and will take all reasonable steps to recover compensation on my behalf.
- I acknowledge that Claimhub is not a law firm but may engage legal professionals or external representatives if necessary.
- I confirm that I am legally entitled to pursue this claim and that the information I provide is accurate to the best of my knowledge.
- I acknowledge that this authorisation remains valid unless revoked by me in writing.

**Claimant's Personal Details**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Current Address: \_\_\_\_\_

**Declaration & Signature**

I confirm the information provided above is accurate, and I agree to Claimhub acting on my behalf in accordance with this Letter of Authority.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_