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Cranfords Trustees Limited International House Constance Street London England E16 2DQ

CALL Today: 0800 028 9791
Data Gathering Team
datagathering@apjsolicitors.co.uk
Our Reference: 120181.1
Date:31st December 2020

Re: Subject Access Request

Dear Sirs,

Anthony Philip James & Co act on behalf of Mr Mark Braby and we have been instructed to request the clients personal data pursuant to *Article 15* of the EU General Data Protection Regulation ("GDPR"), specifically in relation to our client's pensions and investments. We enclose a signed form of authority for your records.

Given this letter constitutes a valid data request we **will not** consider any additional "application" or "access" forms and therefore, we expect a response within one calendar month of receipt of this letter as permitted by the ICO. In order to simplify compliance with this request please forward any response and data electronically to <u>datagathering@apjsolicitors.co.uk</u>.

Please do not contact the customer directly or send them the requested information given we have provided you with a valid letter of authority.

We look forward to receiving your response within one calendar month from receipt of this request.

Yours faithfully

Data Gathering Team
Anthony Philip James and Co Ltd
Solicitors SRA 629443

In the event your records are not up to date, we have provided additional information for you to locate our client below.



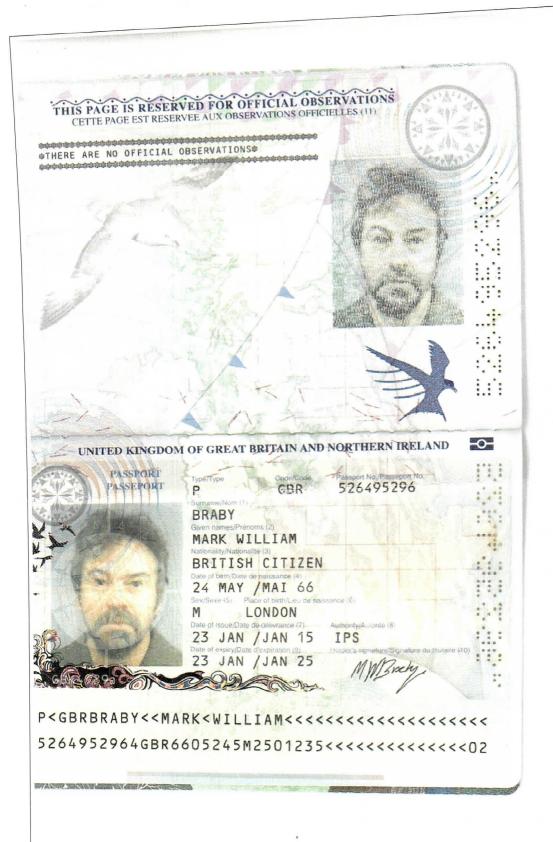








| | Mr Mark Braby |
|----------------------------|--|
| Our Client Name: | |
| Client Previous Name: | |
| | 24/05/1966 |
| Client Date of Birth: | a Livingston Lodge |
| Address: | Flat 2, Livingston Lodge 157 Chingford Road |
| | London |
| | E17 4GN |
| Previous Address(es): | |
| | |
| | |
| | |
| | |
| North Allegariance Number | Nh854692d |
| National Insurance Number: | VVVVV |
| Policy Number: | XXXXX |





Letter of Authority

| Your Name: | Date of Birth: |
|--|--------------------------|
| | 24/05/1966 |
| Mr Mark Braby | Date of Birth: |
| Joint Applicant Name: | |
| | Address at time of sale: |
| Your Current Address: | Address at time of save |
| Flat 2, Livingston Lodge 157 Chingford Road London | |

* For joint claims both clients must sign below (one in each box) Please complete with today's date.

Client Signature 1

Client Signature 2



MWB 131/2/20

Dated:

- 1. To whom it may concern this is my/our explicit authority to authorise disclosure of all personal and financial information and documentation.
- 2. The request is made and authority given pursuant to the Data Protection Act 2018 and General Data Protection Regulations (EU) 2016/679.
- 3. I/we confirm that I/we have lawfully contracted with my/our Solicitors Anthony Philip James & Co Limited to act on my/our behalf.
- 4. For the avoidance of doubt I/we have given my/our Solicitors full authority to make a claim on my/our behalf.
- 5. I/we direct and authorise that any payment due in respect of investment and/or PPI and/or commission and/or loan and/or mortgage, and/or interest and/or compensation be sent directly to my Solicitors.
- 6. I/We authorise you to release any information and/or documentation deemed confidential or otherwise as may be requested from time to time by my/our Solicitors.
- 7. I/we direct and authorise Equifax and/or other Credit Reference Agency to release any information whether deemed confidential or otherwise as may be requested from time to time by my Solicitors.
- 8. The request for information and/or documentation relates to Banks, Building Societies, Independent Financial Advisors, Pension Providers, Financial Brokers, Insurance Companies, Mortgage Lenders, Loan companies, Payment Protection Insurers, Mortgage Brokers, SIPP

Dated:

Operators, Solicitors, Accountants, Insolvency Practitioners, Credit Card Companies and/or any other potential holder of information or documentation relating to me/us.

- $9.\,$ This authority is not for a limited period and is to remain in force until withdrawn in writing by me/us.
- 10. I/We authorise the release of my file of papers from my solicitor and/or my accountant and/or insolvency practitioners
- 11. A copy of this Form of Authority will have the same validity as the original.
- 12. I/we agree to be bound by the Terms and Conditions, CFA what you need to know. Conditional Fee Agreement. Contingency Fee Agreement. Cover letter.
- 13. I/we hereby authorise you to draft relevant forms and/or commence civil proceedings in such Civil Court as you consider appropriate, and to sign such statements of truth on my/our behalf.
- 14. I/we authorise you to obtain suitable legal expense cover for me/us as you, in your discretion, deem necessary in the conduct of my/our case.
- 15. I/we also irrevocably authorise you to endorse cheques solely for the purposes of discharging accounts and disbursements incurred on my/our behalf.
- 16. I/we also irrevocably authorise you to pay accounts and disbursements incurred on my/our behalf.
- 17. I/We confirm that I/we have read and understood the declaration.