

Pension Practitioner
Venture Wales Buildings
Pentre Bach
Merthyr Tydfil
CF48 4DR

21st December 2020

Customer Ref: 1113807.001/DI/DI
Claim Type: SIPP/SSAS

Account Holder(s): Mr Kevan Hampton
of: 14 West End, Bruton, Somerset BA10 0BB

Dear Sirs

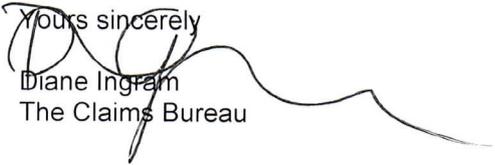
With regard to our above client(s) Pension Practitioner pension, under the General Data Protection Regulation 2018 and including the right of subject access under this, we would be grateful if you could supply us with copies of **all personal data** you hold for the above client(s) including but not limited to:

- A copy of any and all statements for the above referenced account
- A copy of any and all Key Facts Illustrations
- A copy of any and all Pension Transfer documentation
- A copy of any and all Suitability Reports and Fact Finds relating to Pension advice

Where you are unable to provide any of this data, please confirm in your responses as to what data has been withheld and why. I enclose our clients' authority and instruction to act. I am aware that you have 30 days to provide this information. Please action this request in accordance with your own guidelines.

If I can be of any further assistance, please do not hesitate to contact me on 01903 868251, option 2 or email DSAR@theclaimsbureau.co.uk. You can send the file to us electronically using this email address or return it by post to the address below.

Yours sincerely


Diane Ingram
The Claims Bureau

OFFICE

SUITE 4 ANCHOR SPRINGS
LITTLEHAMPTON
WEST SUSSEX BN176BP

CONNECT

WWW.THECLAIMSBUREAU.CO.UK
INFO@THECLAIMSBUREAU.CO.UK
01903 868 251

THE CLAIMS BUREAU FORM OF AUTHORITY

TO:

TO WHOM IT MAY CONCERN

The Claims Bureau Limited (hereafter known as TCB) is authorised and regulated by the Financial Conduct Authority in respect of regulated claims management activities (Reference Number: 830392); its registration is recorded on the website www.fca.org.uk/register/.

AUTHORISATION TO TCB

I/We authorise TCB to act on my/our behalf in pursuing my/our claim, as my/our claims intermediary, in respect of advice received from and/or sales made by the company and any other account I/we hold or have held with the company. I/We give TCB full authority to refer the complaint to the Financial Ombudsman Service or Financial Services Compensation Scheme if this is believed to be in my/ our best interest.

INSTRUCTIONS TO COMPANY

Please take this letter as my/our instruction to you, the company to deal directly with TCB, as my/our claims intermediary, in respect of the complaint and to provide them with any information they request - either verbally or in any other media format that they require to pursue my/our complaint. As of the date I/we have signed this form of authority, I/we do not wish to receive any correspondence from the company in relation to the complaint.

COMPENSATION

You should pay any compensation monies that are due to me/us, directly to TCB and not to me/us. Such monies will promptly be paid to me/us by TCB, less their fee for services carried out. I/We have received details of any fees payable, contained within the terms of instruction. I/We understand that if the defendant or body awarding compensation uses my/our compensation monies to reduce any outstanding debt balance, the total fee will still be payable to TCB.

INSTRUCTIONS TO THIRD PARTIES

If you need to contact a third party to progress my/our claim I/we give my/our authority and consent for the third party to provide the Company and TCB with any information they request and may require in pursuing my/our claim.

ROUTE OF COMPLAINT

I/We acknowledge that I/we could pursue this complaint against the company myself/ourselves or may be able to pursue it for free via the Financial Ombudsman Service (or the Financial Services Compensation Scheme in the event your provider is in default) without the involvement of TCB or any of its agents, however, I/we have instead opted to engage with TCB and/or its agents.

DECLARATION OF TRUTH

I/We confirm that the information given in this letter is to the best of my/our knowledge and a truthful reflection of my/our circumstances.

ACCOUNT HOLDER 1		ACCOUNT HOLDER 2	
TITLE	Mr	TITLE	
FIRST NAME	Kevan	FIRST NAME	
SURNAME	Hampton	SURNAME	
DATE OF BIRTH	21/7/71	DATE OF BIRTH	
ADDRESS	14 West End Bruton Somerset	ADDRESS	
POSTCODE	BA10 0BB	POSTCODE	
DATE SIGNED	13/12/20	DATE SIGNED	
I have read the terms detailed above and agree to be bound by their content.		I have read the terms detailed above and agree to be bound by their content.	
SIGNATURE		SIGNATURE	

OFFICE

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LITTLEHAMPTON, WEST
SUSSEX BN17 6BP

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