



**TLW**  
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Pension Practitioner  
Office 12  
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Pentrebach  
CF48 4DR

Date: 16th September 2021  
Our Ref: 147836/EB/KB

Dear sirs,

**Client Name:** Mr Andrew Pastre  
**Client Address:** 82 Walmer Road , Lowestoft, NR33 7LD  
**Date of Birth:** 03/05/1968

I am writing to make a **Data Subject Access Request** pursuant to Article 15 of The EU general data protection regulation 2016/679 on behalf of my above named client. I understand that you currently hold details of my client's personal and financial information within your internal record systems. For all accounts and associated accounts my client has held with your organisation, please supply me with the following information:

1. Full copies of all contracts and related terms of business which you believe exist or have existed between **Mr Andrew Pastre** and your organization, including true copies of any documents you hold in support of the same.
2. Full copies or transcripts of any correspondence in postal, email or any other format which you have entered into with any individual, organization or third party which contain **Mr Andrew Pastre** personal or financial information, or which pertains to **Mr Andrew Pastre**.
3. Full hard copy print outs of **Mr Andrew Pastre** personal or financial information, held in a digital, magnetic or any other format which is held in any archives, backups or other storage devices / locations.
4. Confirmation of the original selling agent, address and SIB/FSA/FCA number
5. A full IFA/servicing agent history including address & FCA number
6. Confirmation of the original advising agent for the investment
7. A copy of the investment application form
8. A full transaction history from inception to present showing all contributions, investments, withdrawals and transfers in specie

9. The current fund & transfer value (including details of any penalty that may apply)
10. Details of any transfer-out admin fee or charges applicable
11. If the plan has been transferred to another provider, please provide the value & date of the transfer, name of receiving provider

**Please note, we require full disclosure of all information whether it be held electronically or in paper form. This includes information held on CD's or other devices.**

**Fee And Authorisation**

There is no fee applicable for this request.

I look forward to hearing from you in relation to the above within the statutory time limit of 30 days.

**Please note, if you do not respond within the statutory time limit of 30 days you will be prejudicing out clients claim and we will report this conduct to the Information Commissioners Office.**

Yours faithfully,

**Emily Barr**  
**ebarr@tlwsolicitors.co.uk**  
**TLW Solicitors**

**Enc: Form of Authority**

**AUTHORITY FOR DISCLOSURE OF PERSONAL AND FINANCIAL  
INFORMATION**

To whom it may concern,

I, Andrew Pastre authorise you as a **Pension Provider/ SIPP Operator/ SIPP Trustee / SIPP Administrator/ Financial Advisor/ Discretionary Fund Manager** to release to my solicitors TLW Solicitors 9 Hedley Court Orion Business Park North Shields Tyne & Wear NE29 7ST any information, whether deemed confidential or otherwise, as may be requested from time to time by TLW Solicitors.

I confirm that I have lawfully contracted with TLW Solicitors and give them full authority to make a claim on my/our behalf.

I have expressly instructed that all communications and correspondence from you must be made directly with them.

I authorise you to make any compensation payments due to me in settlement of any claim direct to TLW Solicitors.

This authority will endure until further notice and a copy of it shall have the same validity as the original.

**Sign**

**Date**

*A. Pastre*

09/09/2021

Andrew Pastre (Sep 9, 2021 10:37pm)