

**YOUR PLACE
REPRESENTATION MANDATE**



This mandate will enable a representative to act on your behalf.
Mandate No.
<i>Please note that where the term "Data Subject" is used it refers to the person being represented.</i>
1. Details of person acting as representative
Full Name..... Address..... Date of Birth Tel No.....Fax No..... Email..... Signature.....Date.....
2.Details of the Data Subject giving authority to the person named in Question 1 to act as their representative.
Full Name..... Address..... Tel No.....Fax No..... Email.....
3. Please specify the areas in which you require representation:-
<input type="checkbox"/> Quarterly Charges <input type="checkbox"/> Repairs..... <input type="checkbox"/> Payments/Debt Recovery <input type="checkbox"/> Other – Please Specify <input type="checkbox"/> Formal Complaints _____
3.a) Further detail relating to the above representation
<input type="checkbox"/> I require copies of all correspondence relating to representation. <input type="checkbox"/> I DO NOT wish amendments to be made to my Housing data by my representative.
4.Please indicate the duration for representation
<input type="checkbox"/> 1 Month <input type="checkbox"/> 1 Year <input type="checkbox"/> 6 Months <input type="checkbox"/> Other - Please specify.....
Declaration to be completed by the Data Subject. (Please note that any attempt to mislead may result in prosecution.)
<p>I.....certify that the information given on this mandate to The Glasgow Housing Association and YourPlace Property Management is true.I understand that it is necessary for the organisation to confirm my identity and that of my representative and that it may be necessary to obtain more detailed information in order to locate the correct information.</p> <p>I understand that, unless indicated above, this mandate may also allow amendments to be made to personal data relating to me held by Your Place.</p> <p>Signature (Data Subject)..... Date.....</p> <p>Please return the completed mandate to The Information Compliance Advisor, The Glasgow Housing Association Limited, Granite House, 177 Trongate, Glasgow G1 5HF.</p> <p>Documents which must accompany this application:</p> <p>a) Evidence of representative's identity. b) Evidence of the data subjects identity. c) Stamped addressed envelope for return of proof of identity.</p>