

## Authorisation Form

### Section 1: Respondent Personal details (the person that the complaint relates to)

<b>Title</b>	
<b>Full name</b>	
<b>Date of Birth</b>	
<b>Nationality (including any dual nationalities)</b>	
<b>Email</b>	
<b>Address</b>	

#### Declaration

- I confirm the representative below has the authority to act on my behalf.
- The information I have provided is correct to the best of my knowledge.
- I have read and understand the [IMA Privacy Notice](#)
- I agree that the IMA may contact my representative to discuss the complaint.

<b>Signature</b>	
<b>Date</b>	

### Section 2: Representative details (the person completing the form on behalf of the person above)

<b>Title</b>	
<b>Full name</b>	
<b>Date of Birth</b>	
<b>Email</b>	
<b>Address</b>	
<b>Relationship to respondent (e.g. Friend, guardian)</b>	

#### Declaration

- I confirm I have authority to act on behalf of the respondent.
- The information I have provided is correct to the best of my knowledge.
- I have read and understand the [IMA Privacy Notice](#).
- I agree that the IMA may contact me to discuss the complaint .

<b>Signature</b>	
<b>Date</b>	