

YOUR DETAILS

Name Date of Birth

Address

 Postcode

National Insurance No Telephone number

THIRD PARTY DETAILS

Name/Organisation

Address

 Postcode

Email

I, _____ hereby authorise _____ to obtain information and to act on my behalf in all matters relating to (tick all that apply)

Council Tax	<input type="checkbox"/>	Financial Inclusion & Support	<input type="checkbox"/>
Housing Benefit/Council Tax Reduction	<input type="checkbox"/>	Homelessness/Housing Support	<input type="checkbox"/>
Scottish Welfare Fund	<input type="checkbox"/>	Non Domestic Rates	<input type="checkbox"/>
Discretionary Housing Payment	<input type="checkbox"/>		

Do you wish for correspondence that relates to your selection above to be used by your third party appointee:

Yes No

I understand that I can withdraw consent at any time by requesting this in writing to Customer Advice and Support Service by email to CustomerAdvice@scotborders.gov.uk or by post to Council Headquarters, Newtown St Boswells, TD6 0SA

Signature _____ Date _____

When dealing with such information including Personal Data, Scottish Borders Council shall ensure they comply with the Council's Data Protection Policy.

To find out more about what Scottish Borders Council does with your data please visit <http://www.scotborders.gov.uk/CASSPrivacyNotices>. A hard copy of these privacy notices can be requested if required.