**Mandate to Represent Form**

**This mandate form will allow someone to act on your behalf.**

Please retain a copy of this mandate and produce this mandate, when acting on behalf of the person being represented.

**Section 1 – Details of the person *being* represented**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Contact Number |  |
| Address |  |
| Email Address |  |
| Date of Birth |  |

**Section 2 – Details of the person *acting* as Representative**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Contact Number |  |
| Address |  |
| Email Address |  |

**Section 3 – Please specify the area(s) where you want to be represented:**

|  |  |  |  |
| --- | --- | --- | --- |
| Housing Application |  | Repairs & Maintenance |  |
| Complaints |  | Payments |  |
| Debt Recovery |  | Rent Information |  |
| Common Charges |  | Insurance |  |
| Other (please specify): | | | |

I **DO NOT** wish amendments to be made to my information by my representative

**Section 4 – Please indicate how long you want this representation to last**

|  |
| --- |
|  |

**Section 5 – Declaration to be completed by both parties**

|  |
| --- |
| We certify that the information given on this mandate is true. We understand that it is necessary for you to confirm our identities and that it may be necessary to contact us for further information to allow this mandate to be processed.  We understand that the information contained in this form may be used to update records held by Cathcart & District Housing Association.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Party being represented*  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Representative* |

**Guidance Notes   
Section 1**   
Enter your details here. Please complete in full.  
  
**Section 2**   
Enter the full details of the person who will be acting as your Representative. Please complete in full.   
  
**Section 3**   
Without this instruction, we are unable to discuss anything with your Representative. Tick the relevant box for each area. You can tick more than one.

If you do NOT want your Representative to change information we hold about you, please make sure that you tick this box.  
  
**Section 4**   
Please indicate how long you want your Representative to act on your behalf. If you wish to remove this mandate please contact the Association immediately.

**Section 5**  
Declaration – please ensure that you and your Representative sign and date this form.   
  
**Please send a copy of your completed form and copies of identification for you and your Representative to:**

Cathcart & District Housing Association  
3/5 Rhannan Road  
Cathcart  
Glasgow  
G44 3AZ  
  
or [info@cathcartha.co.uk](mailto:info@cathcartha.co.uk)