

Claim Ref

Dear

Thank you for requesting a claim pack for us to assess your complaint for mis-sold Payment Protection Insurance.

Please sign the attached claim pack and add any information you feel may be relevant to our enquiries and return this to us as soon as possible in the envelope provided.

Please remember to include any documentation you have in regards to the Payment Protection Insurance. If you do not have the original finance agreement please include any documentation you may have showing any account numbers and policy numbers. This will ensure we can act as quickly as possible to secure you your refund and compensation.

Once we have carried out a manual audit of the returned pack we will contact you with our findings. The enclosed claim pack has been generated by the information you have previously given to us and our electronic audit system has identified the best route to represent your complaint once our manual audit confirms the same.

Where we believe your complaint has a 51% or greater chance of success we confirm your complaint will be handled on a full **NO WIN NO FEE** service. If we are unsuccessful with your claim there will be no charge to you whatsoever. If we administrate your claim in house or feel the need to refer your claim to one of our panel of solicitors you will not be liable for any extra costs.

If we are successful with your claim we will charge 25% + VAT of any refund, interest, compensation or combination of. This is the maximum you will be charged on a successful claim.

RBC Mon£y are very experienced in reclaiming mis-sold PPI for clients and have over 15 years combined experience to ensure your claim is handled as professionally as you would expect.

If you have any questions at all please do not hesitate to contact us on the freephone number above or by email.

We look forward to receiving your completed claim pack and securing your refund and compensation as quickly as possible.

Yours sincerely,

**RBC Mon£y**

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0800 8 654321

[www.RBCmoney.co.uk](http://www.RBCmoney.co.uk)  
[info@RBCmoney.co.uk](mailto:info@RBCmoney.co.uk)



Claim Ref

# Letter Of Authority

Registered Office: Abbey Business Centre Fountain Street Manchester M2 2AN  
t: 0800 8 654321 | f: 0161 247 8620 | e: enquiries@RBCMONEY.co.uk

THIS AUTHORITY WILL BE SENT TO YOUR FINANCE PROVIDER TO INFORM THEM THAT YOU GIVE RBC Money AUTHORITY TO ACT ON YOUR BEHALF.

IT NEEDS TO BE SIGNED BY YOU AND ANY ADDITIONAL JOINT ACCOUNT HOLDERS.

Your Name

Date Of Birth

Joint Policy Holders Name *(if applicable)*

Date Of Birth *(if applicable)*

Your Address

  
  

Telephone

Mobile

Email

## Account details

Finance Provider *(e.g. Abbey, Halifax, Natwest, etc.)*

Agreement or Account Number

### TO WHOM IT MAY CONCERN: THIS AUTHORITY RELATES TO THIS AND ALL OTHER CURRENT AND PREVIOUS ACCOUNTS WITH YOUR COMPANY

As provided for under RULE DISP2 of the Financial Services Authority Handbook, which states "A complaint may be brought on behalf of an eligible complainant (or a deceased person who would have been an eligible complainant) by a person authorised by the eligible complainant or authorised by law. I/we (named above) hereby appoint and expressly authorise RBC Mon£y to consider our claim for Compensation in respect of unreasonable or erroneous Credit Card / Bank Charges, unreasonable or erroneous Loan Charges, a mis-sold PPI, a mis-sold Life Assurance Policy, and/or financial irregularities regarding the Consumer Credit Act 1974, and if RBC Mon£y believes that the claim has merits, act on my/our behalf to seek Compensation.

I/We further authorise and insist that (as applicable) (a) lender(s), (b) provider(s) of the Credit Card/Loan (c) arranger(s) of the PPI, and/or (d) arranger(s) of the Life Assurance Policy (together 'the Relevant Parties') release to RBC Mon£y any information, whether deemed confidential or otherwise, as may be requested from time to time by RBC Mon£y, by telephone or in writing (including by fax or e-mail), and to do so without delay and debit any fee charged for supplying such data pursuant to the Data Protection Act, to my account / credit card with you.

I/We hereby authorise the extension of this Authority to any and all outstanding claims in respect of unreasonable or erroneous Credit Card/Bank Charges, unreasonable or erroneous Loan Charges, a mis-sold PPI (payment/loan protection insurance policy) a mis-sold Life Assurance Policy, and/or financial irregularities which you are currently processing on my/our behalf. I/We confirm that I/we have lawfully agreed to the terms and conditions of RBC Mon£y and agree to pay a fee of 25% plus VAT on any redress, compensation or benefit as a result of the service provided. I/We have expressly consented that all communications and payments from you must be made direct to RBC Mon£y (Client Account) and sent directly to their offices.

A copy of this Letter of Authority will have the same validity as the original and will stand until such time as my complaint is resolved in full to my/our satisfaction or until cancelled by me in writing.



Account Holder 1

Signature:

Date:

Account Holder 2

Signature:

Date:

**Registered Office:** Abbey Business Centre Fountain Street Manchester M2 2AN  
t: 0800 8 654321 | f: 0161 247 8620 | e: enquiries@RBCMONEY.co.uk

**Our services:** We will consider whether the Payment Protection Insurance (PPI) policies submitted for review have been sold fairly and whether the provider has acted in breach of selling rules, contract or duty. We will calculate the amount that may be owed to you by the provider in respect of the policies submitted for review, and negotiate with the provider to secure a refund and/or compensation in respect of PPI policies that we can identify as having been mis-sold. We will inform you of any offer made by a provider and will advise you whether we consider the offer to be fair and reasonable. We will not agree anything with-out your approval. If you decide to reject an offer that we have recommended which we believe to be fair and reasonable we will not be under any obligation to continue to act for you in respect of that claim. We would however be entitled to charge our success fees of 25% + VAT. In this instance we will prepare and submit the details of your rejection of the offer to the relevant party on your behalf.

**Success:** We will be considered to have been successful if you receive a refund and/or compensation from the provider of the PPI policies you have submitted for review. The amount recovered will be calculated as the total monies and the full value of benefits offered by the PPI provider whether as compensation, a gesture of goodwill, policy refund or rebate, discount, reduction in the sum outstanding or any other benefit otherwise arising from the claim made. A payment of compensation will be considered to have been paid by the provider and received by you whether the amount is in fact paid to you or us, or is offset by the provider against any other liability which you may have with them. If we are successful we will charge you a success fee of 25% + VAT of the total amount re-covered.

**Your Obligation:** We can only act for you in an effective manner if we have your full co-operation and accordingly you agree that you will provide any further or other documents relating to the PPI policy which we may request from you from time to time. You agree to reply promptly to all correspondence and other communications from us including requests for information and for instructions from you to accept or reject any offer which may be made by a provider. You agree to provide truthful and accurate answers and provide full information in response to questions asked. You give us the right to manage exclusively your claim, unless otherwise agreed in writing by you and us and will advise us of any contact or correspondence received directly from the provider.

**Termination:** There will be no fees payable if you cancel our agreement within the 14 day cooling off period. We can cancel the agreement at any time. There is no fee payable if we tell you your claim is unlikely to succeed and you have fulfilled your obligations (as laid out under "your obligation"). If this agreement is cancelled when an offer or payment has been made, we will enforce our charges of 25% + VAT, plus any fees which may have been incurred by us in the administration of your claim plus any recovery costs. If this agreement is cancelled prior to an offer or settlement being made we reserve the right to charge you reasonable costs for the administration of your claim, up to the point at which you informed us of the cancellation plus any recovery costs. Cancellation of this agreement by either party must be in writing.

**Assignment:** We may assign any of our rights under these terms. You may not assign any of your rights under these terms without our agreement in writing.

**Disclaimer:** RBC Mon£y accepts no liability for any loss suffered by you by entering into this Agreement and specifically in the event that no compensation is paid to you by the provider. You are aware you could complain directly to the provider at no cost, with the ability to take matters further with the Financial Ombudsman service or the Small Claims Court however you wish to pursue your claim using RBC Mon£y.

**Data Protection:** RBC Mon£y will contact you directly with the best course of action to suit your individual circumstances once an initial evaluation of each policy submitted for review has taken place. If you express an interest in any products or services that are not available through RBC Mon£y, we may pass the data that you provide to carefully selected third parties for this purpose. Please inform us if you do not wish us to pass your data to third parties. The information held by RBC Mon£y may also be used for other purposes for which you give your specific permission or, in very limited circumstances, when required by law or where permitted under the terms of the Data Protection Act 1998. You have a legal right, upon the payment of a small non-refundable fee, to receive a copy of the information RBC Mon£y holds about you by writing to us. Upon our acceptance and by you signing these Terms and Conditions and the Letter of Authority, you instruct RBC Mon£y to act on your behalf to review your PPI policy(s) and try to secure payment(s) of refunds and/or compensation for these claim(s). You also agree that all information given on the schedule hereafter is accurate and true to the best of your knowledge.

### Important Information:

Providing the information below may speed up the process of your claim

Proof Of Identity

- Copy of: Passport / Driving Licence / Utility Bill

Finance Agreement

- Any Paperwork you have in relation to the finance or PPI

Bank / Credit Card Statement - One months statement showing the details or repayment of the product and/or PPI

Name 1 :

Signature :

Date :

Name 2 :

Signature :

Date :

RBC Mon£y Ltd is regulated by the Ministry of Justice in respect of regulated Claims Management Activities. Our authorisation number is CRM 19120.

Our registration is recorded on the Ministry Of Justice website: [www.claimsregulation.gov.uk](http://www.claimsregulation.gov.uk)

Data Protection registration number: Z153812X - Company reg no: 06715128

our ref:

## payment protection insurance: consumer questionnaire

### WHAT IS THIS QUESTIONNAIRE FOR?

- This questionnaire is for consumers to register a complaint about the sale of payment protection insurance.
- It has been designed by the independent Financial Ombudsman Service.
- The questionnaire asks you for your personal and financial details. These will help the financial business you think is responsible for your complaint to assess your case – and decide if it should pay you compensation.

### WHAT DO I NEED TO DO?

- Please fill in the questionnaire, giving as much information as you can. It may take you some time to go through the form and get all your facts together. But with all the information in one place, it should mean your case can then be assessed more quickly.
- Once you have completed the questionnaire, please send it to the financial business that you think is responsible for your complaint. Before you post it, take a photocopy if you can. This will help later on, if you need to refer your complaint to the Financial Ombudsman Service.

## section A: about you

### A.1 Please give us your name and contact details

#### *your name and contact details*

surname	<input type="text"/>	title	<input type="text"/>
first name(s)	<input type="text"/>		
date of birth	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>

#### *details of anyone complaining with you*

<input type="text"/>	title	<input type="text"/>
<input type="text"/>		
Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>

address for writing to you (include postcode)

daytime phone	<input type="text"/>
home phone	<input type="text"/>

mobile	<input type="text"/>
email	<input type="text"/>

### A.2 If someone is complaining on your behalf (eg a relative or solicitor) please give us their details

their name	<input type="text"/>	relationship to you	<input type="text"/>
address for writing to them (include postcode)	<input type="text"/>		
their daytime phone	<input type="text"/>	fax	<input type="text"/>
their email	<input type="text"/>	ref	<input type="text"/>

### A.3 What is the name of the financial business you are complaining about?

### A.4 What is the policy number of the payment protection insurance you are complaining about?

## section B: about the sale of the insurance

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### B.1 When did you take out this payment protection insurance?

Day	Month	Year
-----	-------	------

Can't remember

---

### B.2 Did the payment protection insurance provide either single cover (to cover just you) or joint cover (to cover you and your partner)?

Single cover       Joint cover

---

### B.3 How was this insurance sold to you?

During a meeting       During a phone conversation       You were given a leaflet to fill in  
 Over the internet       By post       Can't remember

---

### B.4 Did the financial business give you advice or recommend that you take out this policy?

Yes       No       Can't remember

---

### B.5 How did you pay for this insurance?

With a one-off single "premium" paid up-front       With a "premium" paid each month       Not sure

---

### B.6 What is the current situation with this insurance?

The insurance is still running  
 The insurance was cancelled early

*If so, please confirm the cancellation date.*

Day	Month	Year
-----	-------	------

The insurance ended when the loan was paid off (or when the credit-card account was closed)

---

### B.7 Have you ever made a claim on the payment protection insurance you are complaining about?

Yes       No

*If "Yes", please give details – including whether the insurance company paid out on the claim or not.*

## section C: about the money you borrowed

---

### C.1 What was the payment protection insurance sold to cover you for?

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Loan (personal) | <input type="checkbox"/> Mortgage   | <input type="checkbox"/> Catalogue shopping |
| <input type="checkbox"/> Loan (business) | <input type="checkbox"/> Overdraft  | <input type="checkbox"/> Hire Purchase      |
| <input type="checkbox"/> Credit card     | <input type="checkbox"/> Store card | <input type="checkbox"/> Not sure           |

What was the account number for this?

*This number will be different to the insurance policy number you filled in on page 1.*

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### C.2 What did you borrow the money (or take the credit) for?

*For example – to purchase a car, for home improvements, for everyday spending, or to pay off other debts. If you borrowed the money to pay off other debts, please give details.*

### C.3 Have you ever missed payments or gone into arrears on this borrowing?

- Yes       No

*If "Yes", please give details.*

## section D: about your personal circumstances

### D.1 At the time you took out this insurance, what was your employment status (and your partner's – where relevant)?

#### yourself

- Employed
- Self-employed
- Not working/unpaid work
- A director of your own company
- Agency/temporary worker
- Working fewer than 16 hours a week
- Retired
- Student in full or part-time education

*If so, how many hours are spent in education each week?*

#### your partner

- Employed
- Self-employed
- Not working/unpaid work
- A director of your own company
- Agency/temporary worker
- Working fewer than 16 hours a week
- Retired
- Student in full or part-time education

*If so, how many hours are spent in education each week?*

### D.2 If your employment status has *changed* since you took out the insurance, please give details

*For example – if you were self-employed, but are now employed.*

### D.3 What type of work did you do when you took out the payment protection insurance – and what was the name(s) of any employer(s)?

#### yourself

Type of work

Employer(s)  
name

#### your partner



### D.4 How long had you been working there, at the time you took out this insurance?

#### yourself

years  months

#### your partner

years  months

section D: about your personal circumstances

**D.5 If you were employed at the time you took out the insurance – would you have received any pay from your employer, if you were off work due to an accident or sickness, or if you were made redundant?**

**yourself**

**your partner**

- Yes\*
- No
- Can't remember
- Not relevant (as you were not employed)

- Yes\*
- No
- Can't remember
- Not relevant (as you were not employed)

*\*If "Yes", what pay would you have received from your employer?*

**D.6 Did you have any other means of making your repayments – if you were unable to work through sickness, accident or unemployment?**

*For example – this may include savings, other insurance policies, or relying on a relative or friend for help.*

**yourself**

**your partner**

- Yes\*
- No

- Yes\*
- No

*\*If "Yes", please give details.*

**D.7 At the time you took out this insurance, did you or your partner have any health problems or were either of you registered as disabled?**

**yourself**

**your partner**

- Yes\*
- No

- Yes\*
- No

*\*If "Yes", please provide details in Section E on the next page.*

## section E: about your complaint

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**This page is for you to tell us anything else about your complaint – including what happened when you took out the payment protection insurance.**

***For example, please tell us any details you remember about:***

- *Where the sale took place and who you spoke to at the financial business.*
- *The information you were given before you took out this insurance.*
- *How the cost, benefits and terms of the insurance were explained to you.*
- *The questions you asked before taking out this insurance.*
- *Why you decided to take out this insurance.*
- *Any changes to your health since you took out the insurance.*

*If you need more space, please use the spare page at the end of this questionnaire.*

**Please send us copies of any documents you have from when you took out the payment protection insurance.**

**And finally, please tell us why you are now unhappy with the insurance?**

*If you need more space, please use the spare page at the end of this questionnaire.*

## section F: your declaration

Please read and sign this declaration

“ I confirm that I want to make a formal complaint about the sale of the payment protection insurance described in this questionnaire.

I confirm that all the information I have given in this questionnaire is true and accurate to the best of my knowledge.

”

**sign here**

*You need to sign, even if someone else is complaining on your behalf.  
If someone is complaining for you, your signature below means you authorise the person named on page 1 to represent you in this complaint.*

\_\_\_\_\_  
**signature**

\_\_\_\_\_  
**date**

\_\_\_\_\_  
**signature**

\_\_\_\_\_  
**date**

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Please use this page if you need more space for answering any question.

question number	your answer