



REPRESENTATION MANDATE

This mandate 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.

1. Details of the person *being* represented

Full
Name.....
...
Address.....
.....
Tel No.....Mobile No.....
Email.....DOB.....

2. Details of the person *acting* as representative

Full
Name.....
...
Address.....
.....
Tel No.....Mobile No.....
Email.....
DOB.....

3. Please specify the area(s) where you want to be represented

- ☐ Repairs & Maintenance ☐ Complaints ☐ Payments
☐ Debt Recovery ☐ Rehousing ☐ Care Services
☐ Insurance ☐ Common Charges
☐ Other: e.g Property Address, Account Reference:
.....

4. Preferences

	Yes	No
I would like my representative to be able to make amendments to my information		
I would like my representative to receive any communication from DGHP (letter, email) on my behalf*		

* Please note that all automated repair communications will go to the person being represented using their preferred method of contact, not the representative.

5. Please indicate how long you want this representation to last

- ☐ 6 months ☐ 1Year ☐ 18 months



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6. 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 Wheatley Group.

Signature Date.....
Party being represented

Signature Date.....
Representative



DGHP REPRESENTATION MANDATE

Notes on completing this form

The form is numbered from 1 to 6 and you **MUST** complete each section in full.

Section 1	Enter your details here. Please complete in full.
Section 2	Enter full details of the person who will be acting as your Representative. Please complete in full.
Section 3	<p>Without this instruction, we are unable to discuss anything with your Representative.</p> <p>We need to know what areas you wish us to discuss with your Representative. Tick the relevant box for each area. You can tick more than one.</p>
Section 4	<p>Please confirm your preferences in relation to changing your information and communication.</p> <p>If you do NOT want your Representative to change information we hold about you, please make sure you tick the relevant box.</p> <p>You should speak with your housing officer as to whether you or your Representative want to receive correspondence relating to the areas ticked on this form.</p>
Section 5	<p>Please indicate how long you want your Representative to act on your behalf.</p> <p>The maximum duration is for 18 months. At the end of this period, we will automatically notify you and your Representative of the expiry of the mandate with the option to renew.</p>
Section 6	Please ensure that you and your Representative sign and date this form.

When returning this form, please provide proof of identity for you and your representative.

You can return the completed form:

- By posting to DGHP, 44 High Street, Annan, DG12 6AD
- By email to: customerservice@dghp.org.uk

If there is any part of this form you need assistance with then please contact us on 0800 011 3447