

Authorisation Mandate

To Whom It May Concern:

I, (Insert Name) _____

National Insurance Number: _____

Address: _____

Postcode: _____

Hereby authorise the release of relevant information held and requested by Edinburgh Food Project's (EFP) Money Advice Service.

I authorise, EFP Money Advice Service to act on my behalf in ALL matters related to my:

- *Welfare benefit claims/ entitlements — IS, PIP, ESA, UC, JSA, AA, DLA.*
- *Housing benefit.*
- *Scottish Welfare Fund.*
- *Medical evidence.*
- *Debt and other financial matters.*

(NB: please circle ALL that apply)

Please send ALL copies of relevant information and correspondence to the address below.

*NB. This mandate will last for **6 years** from the date below, unless otherwise stated by me in writing, advising I no longer wish for the Money Advice Service to act on my behalf.*

Signed: _____

Please print full Name: _____

Date: _____