

Services	<p>We are providing you with claims management services and assisting you in pursuing a claim against your lender in relation to irresponsible lending, or the mis-sale of financial products.</p> <p>We will only pursue a claim where we believe that there are merits in relation to your claim. You would need to provide us with details and forms of authority in order for us to obtain relevant information from third parties on your instructions.</p> <p>When we identify a valid claim, we will provide you with details of the basis of the complaint and submit the complaints to third party. If the complaint is rejected, we will provide you with assistance in pursuing the matter to the financial ombudsman in the event that you wish to do so.</p>
Claims Steps	<p>In order to start the claim process, you would need to complete the form of authority and sign the terms and conditions. As mentioned above, we would require a completed form of authority. We will update you in relation to your claim at least once every three months. If in the interim period, you require any further information, please do not hesitate to contact us, and we will provide you with an update as often as you request.</p>
Complaints	<p>Please note that you have the right to make this complaint yourself directly with the lender.</p>
Fees	<p>The fees, we charge 25% plus VAT in relation to the claim. This 25%, for example, if we recover £1000 for you, then our fees would be £300 all inclusive, leaving you with a £700. If we recovered £3000 for you, then our fees would be 25% plus VAT, which comes to, £900. If we recovered £10,000 for you, then our fees would be £3000 inclusive of VAT. Please note that this is an illustration and not to be taken as an estimate of the amount you are likely to receive, or that is likely to be recovered for you.</p>
Cancellation	<p>You have the right to cancel this agreement within 14 days with no penalty. If you cancel it after the 14-day period, then we reserve the right to charge the cost of work done up until the time of cancellation.</p>
Statutory Ombudsman/ Compensation Scheme/ADR	<p>Please note you have the right to make this claim directly with the lender or with the financial ombudsman service without incurring fee. You do not have to use the services of a CMC in order to pursue this claim. Using CMC does, however, save you the time of pursuing the process yourself. And the use of experts in the field can only serve to help your case.</p>

SECTION A

A.1 When did you open or upgrade to the packaged bank account?

A.2 Did the bank or building society recommend that you take out the packaged bank account?

Yes No If yes, please give details _____

SECTION B: About the sale of the insurance

B.1 Did you notice the packaged bank account fees on your statement?

Yes No

B.2 Do you still have the packaged bank account?

Yes No

B.3 How was the packaged bank account sold to you?

During a meeting Over the phone Over the internet By post
 I filled a leaflet Over the counter Can't remember Other: _____

SECTION C

C.1 Before you had the packaged bank account, did you (or any account holder) ever have a free bank account in the UK?

Yes No

C.2 When you first had the packaged bank account, did you (or any account holder) have any other packaged bank accounts?

Yes No

C.3 When you first had the packaged bank account, did you (or any account holder) own or drive a car or other motor vehicle?

Yes No

C.4 When you first had the packaged bank account, did you (or any account holder) own a smartphone – with internet access and applications?

Yes No

C.5 When you first had the packaged bank account, how often did you (or any account holder) go on holiday? 1-3 times a year More than 3 times a year Never

Did you travel: Within the UK and Europe Outside Europe

C.6 When you first had the packaged bank account, did you (or any account holder) have any issues with your health?

Yes No If yes, please give details _____

C.7 When you first had the packaged bank account, were all the account holders registered with a doctor in the UK?

Yes No

C.8 Did you (or any account holder) take out any other products with the bank or building society at the same time as the packaged bank account – for example, a credit card, loan, overdraft, mortgage or savings account?

Yes No If yes, please give details _____

SECTION D

D.1 Have you (or any account holder) registered for anything that came with your packaged bank account – for example, mobile phone insurance, travel insurance or car breakdown cover?

Yes No If yes, please give details _____

D.2 Have you (or any account holder) made a claim on any of the insurances that came with the packaged bank account?

Yes No If yes, please give details _____

D.3 Have you (or any account holder) used anything else – for example, a better interest rate on an overdraft or loan rate, a monthly film subscription or any other discounts?

Yes No If yes, please give details _____

SECTION E

E.1 When you first had the packaged bank account, did you (or any account holder) already have any of the types of insurance below?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> car breakdown cover | <input type="checkbox"/> gadget insurance | <input type="checkbox"/> life insurance | <input type="checkbox"/> identity theft protection |
| <input type="checkbox"/> accidental death cover | <input type="checkbox"/> mobile phone insurance | <input type="checkbox"/> travel insurance | <input type="checkbox"/> Other: _____ |

If you ticked anything, did you keep this insurance once you had the packaged bank account?

- Yes No

SECTION F

If your complaint is about how a packaged bank account was sold, please use this space for anything else you'd like to explain.

section G: your declaration

If you have an ombudsman complaint reference, please write it here

“ I confirm that all the information I’ve given in this questionnaire is true and accurate to the best of my knowledge.
I confirm I want to make a formal complaint about the packaged bank account in line with the information I’ve given.”

first account holder name

signature

| d | d | m | m | y | y | y | y |

second account holder name

signature

| d | d | m | m | y | y | y | y |

You (and any joint account holder) need to sign here – even if someone else is bringing the complaint to us on your behalf.

<input type="checkbox"/>									
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please tick ✓ to confirm you have ...

- included everything you want to tell us about your complaint
 - signed the declaration above
 - enclosed copies of all relevant documents
- or
- not* enclosed any documents with this form

Guidance Notes

Please write clearly in the white spaces with capital letters or cross the boxes. Once complete please return in the stamped envelope provided

1 Your Details				
Title	First Name	Initials	Surname	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Number			Email Address	
<input type="text"/>			<input type="text"/>	
----- 2nd Applicant (only complete if joint account) -----				
Title	First Name	Initials	Surname	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Your Address				
Address Line 1			Previous Address (if moved in the last few years)	
<input type="text"/>			<input style="width: 100%; height: 100%;" type="text"/>	
City				
<input type="text"/>				
Postcode				
<input type="text"/>				
3 Your Claim				
Bank		Sort Code		Bank Account
<input type="text"/>		<input type="text"/>		<input type="text"/>
To whom it may concern				
<p>I/We hereby appoint and authorize Ingram Toft to consider my/our claims for compensation in respect of my irresponsible lending claim and act on my / our behalf to seek compensation & submit a Subject Access Request on my behalf under Section 7 of the Data Protection Act 2018.</p> <p>I/We confirm that I/we have lawfully contracted with Ingram Toft and authorize you to comply with any request for Information that may be made, whether by telephone or in writing (including fax or e-mail).</p> <p>I hereby appoint and authorize Ingram Toft to act on my behalf to seek compensation in respect of my Mis-sold packaged bank account claim and agreements. I confirm that Ingram Toft have full delegated authority to act on my behalf and settle my claim without further reverting to myself.</p> <p>This instruction relates to all products or claims with relation to the above account / policy number.</p> <p>Ingram Toft is a trading name of LS claims Ltd which is Regulated by the Financial Conduct Authority in respect of Regulated Claims Management activities (FCA no: 831386) Registered Office: 13th Floor Piccadilly Plaza, Manchester M1 4BT, OL8 4QQ. Vat No: 287011704</p>				
Your Signature				
<input style="width: 100%; height: 100%;" type="text"/>			<input style="width: 100%; height: 100%;" type="text"/>	
Main Applicant			2nd Applicant	
Date: <input style="width: 100%;" type="text"/>			Date: <input style="width: 100%;" type="text"/>	

Guidance Notes

Please write clearly in the white spaces with capital letters or cross the boxes. Once complete please return in the stamped envelope provided

1 Your Details				
Title	First Name	Initials	Surname	Date of Birth (dd/mm/yyyy)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Contact Number			Email Address	
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	
----- 2 nd Applicant (only complete if joint account) -----				
Title	First Name	Initials	Surname	Date of Birth (dd/mm/yyyy)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2 Your Address				
Address Line 1			Previous Address (if moved in the last few years)	
<input style="width: 100%;" type="text"/>			<input style="width: 100%; height: 100%;" type="text"/>	
City				
<input style="width: 100%;" type="text"/>				
Postcode				
<input style="width: 100%;" type="text"/>				
3 Your Claim				
Name of bank		Sort code	Account no.	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
To whom it may concern				
<p>I/We authorise Ingram Toft to request copies of my/our bank statements in relation to my bank account with you between the aforementioned years. This request is not being made in relation to any contemplated action against the bank. Please take this letter as my/our instruction to you to deal directly and exclusively with Ingram Toft in respect of the request for my bank statements. This includes a requirement for you to comply with a data subject access request they make on my/our behalf limited to the request for bank statements.</p> <p>I/We authorise Ingram Toft to request copies of my credit file from Experian, Equifax, Noddle and Call Credit. This request is not being made in relation to any contemplated action against the credit reference agency. Please take this letter as my/our instruction to you to deal directly and exclusively with Ingram Toft in respect of the request for my credit file. This includes a requirement for you to comply with a Limited Subject Access Request in accordance with Section 7 of the Data Protection Act 2018 they make on my/our behalf limited to the request for a copy of my credit file. I further authorise and request that the aforementioned banks statements be sent to my representatives Ingram Toft at Ingram Toft, 13th Floor Piccadilly Plaza, Manchester M1 4BT. Telephone: 0161 302 1906 or email refunds@ingramtoft.co.uk.</p> <p>Ingram Toft is a trading name of LS Claims Ltd which is Regulated by the Financial Conduct Authority in respect of Regulated Claims Management activities (FCA no: 831386) Registered Office: 13th Floor Piccadilly Plaza, Manchester M1 4BT. Vat No: 287011704</p>				
Your Signature				
<input style="width: 100%; height: 100%;" type="text"/> Main Applicant Date: _____			<input style="width: 100%; height: 100%;" type="text"/> 2nd Applicant Date: _____	