

## Authority to Act Form

1. I hereby give my authority for the person named below to represent me in my application to POSTRS.
2. I understand and accept that the adjudication will be conducted in accordance with the POSTRS Scheme Rules.
3. I understand that it is my responsibility to read the available guidance, which is available either from the POSTRS website or by contacting the CEDR office, and/or ensure that my representative has done so in order to understand the adjudication process.
4. I understand that POSTRS cannot adjudicate claims that have been or are the subject of court proceedings or an alternative independent procedure for the determination of disputes (unless such court proceedings or alternative procedure have been abandoned, stayed or suspended).
5. I understand that the Data Protection Act 2018 allows the company to provide information and/or documents about me to POSTRS in order to adjudicate my claim and I hereby give my consent to this.
6. I understand that, if so directed by the adjudicator, the company will provide any redress directly to me and not to my representative.

### Section A: Representative details

Full name:

Organisation:

Street Address:

Town:

County:

Postcode:

Telephone:

E-mail address:

### Section B: Customer Signature

Signature:

Print name:

Date:

Case Ref:

**CEDR Services Ltd.**

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