

CREDIT HEALER

Payment Protection Application Form



STEP 1 SIGN

PLEASE COMPLETE APPLICATION FORM OUR TERMS OF SERVICE AND LETTER OF AUTHORITY. JOINT POLICIES WILL REQUIRE BOTH SIGNATURES

STEP 2 POST

RETURN THE COMPLETED PPI CLAIM PACK. PLEASE SEND IN ANY PAPER WORK YOU STILL HAVE FROM THE TIME OF SALE WITH YOUR CLAIM PACK (E.G LOAN AGREEMENTS, POLICY SCHEDULES OR ANY POINT OF SALE DOCUMENTS).

IF YOU HAVE ANY QUESTIONS PLEASE CALL US ON **0208 591 1866**
OR EMAIL US ON info@credithealer.co.uk

AGENT NAME

AGENT NO.

YOUR DETAILS

Policy Holders Full Name

Joint Policy Holders Full Name

Your Address:

Post Code:

Email Address:

Your Policy Provider

Date of Birth:

Date of Birth:

Home Telephone no(s)

Mobile

Work



0208 5911866

WHEN YOU TOOK OUT YOUR LOAN? Please tick where appropriate

Employed (full time) Self-employed Unemployed Home owner

Employed (part time) Contracting Retired

Please can you detail the circumstances surrounding the sale of your Payment Protection Insurance Claim, your concern regarding your policy and /or the circumstances under which it was sold; detailing every aspect relevant to your claim?

Please tick where appropriate

Were you informed of the 30 day cancellation right?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Who sold you the PPI?	<input type="checkbox"/> BROKER	<input type="checkbox"/> LENDER
When you took out the loan was the cost of PPI explained to you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was it made clear that PPI was optional?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the salesperson give full information on what the policy would and would not cover?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you asked about the existing payment cover?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you informed that you can purchase PPI elsewhere?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was PPI added without your knowledge?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the salesperson very pushy in selling the policy that you felt you could not say no?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the salesperson state or imply that taking out the policy would assist your credit application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the salesperson state or imply that taking out the policy was essential for you to get the associate credit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the salesperson ask you about any previous medical conditions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the salesperson provide you with two quotes; with and without PPI? in order for you to make a final decision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the salesperson tell you the policy was optional?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you believe that you had to have PPI?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was your PPI sold face to face or on the phone?	<input type="checkbox"/> FACE TO FACE	<input type="checkbox"/> PHONE

Have you any arrears? YES NO If yes how much? £ See terms and condition 19

I understand that it is an offence to make a false or deliberately misleading statement or omission in support of an application.

Policy Holders Signature	Date	Joint Policy Holders Signature	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



YOUR LOAN DETAILS

Name of Company who provided your loan

Loan Agreement No.

Loan Amount

Monthly Payment

Loan start Date

£

£

Have you made a claim on your PPI?

YES

NO

If yes, was your claim successful?

YES

NO

TERMS & CONDITIONS

- Credit HealerLtd is instructed to act as my/ourrepresentative in the refund of my PPI (which within this context includes any generic provider of financial services).
- I/We agree that no agency other than Credit HealerLtd is currentlyacting for me/us in the refund of my PPI and that Credit HealerLtd is appointed as my sole representative in relation to this/these matter(s)
- Information relating to my/our claim will be provided to Credit HealerLtd upon commencement of this instruction. Credit HealerLtd will advise me/us of any further information required to pursue my/our refund and I/wewill provide this information as soon as possible.
- I/We understand that Credit HealerLtd by virtueof the Statuteof Limitation can only recover thosecharges and /or PPI premiums that have arisen during the past 6 years. (Five years if resident in Scotland).
- Upon receipt of the informationfrom me/us and (Where relevant), any additional information requested from the Bank, Credit HealerLtd may calculate the amount owed to me/us by the Bank in respect of settlement of my loanand or PPI (Plus interest where due). However Credit HealerLtd accepts no liability for any errors or omissions, shouldthe amount of refund be miscalculated or disputed.
- Should any direct communicationregarding this matter (including letters, telephone calls, or in personal conversations with the Bank's staff members) be enteredinto with the Bank, I/we will report this to Credit HealerLtd, within 3 days from receipt and forward all relevant documentation to Credit HealerLtd.
- Credit HealerLtd will submit all necessary correspondence to the Bankand negotiate with it for the recovery of my/our money. I/We shall abstain from any pre-court negotiations with the Bank unless agreed in advance with Credit HealerLtd.
- Where requested, I/we will pay the £10.00 fee necessary to access my data request file and £1.00 fee for the section 77 request.
- I/We understand that I/we should provide any information to Credit HealerLtd which is untrue or misleading resulting in an unsuccessful claim that I/we will be liable for all fees and disbursements (including court and solicitors costs) which will be payable within 7 days of receipt of an invoice submitted by Credit HealerLtd. Any work already completed may become chargeable at the rate £85 per hour, or part thereof.
- Credit HealerLtd has represented me in the refund of my PPI claim there will be a charge of 25% ON ALL AMOUNTS RECOVERED.
- The standard 25% + VAT is payable on all sums recovered. Any court fees and/or solicitors costs, will be payable in addition to this fee should they be recovered from the bank (whether they are included within the refund or are paid in addition to the refund)
- I/We agree that all monies recovered from the bank shall be paid directlyto Credit HealerLtd should the bank so allow. Credit HealerLtd are authorised by me/us to deduct from the amount recovered from the bank their fees plus any other fee that they have paid on my/our behalf before they forward the balance to me/us. Credit HealerLtd will provide a receipted invoice with the refunds to demonstrate the amount(s) paid to them.
- In the event that the bank pays the refund direct to me/us or if they reduce any of our debit balances by the refund amount, then I/we will liable to pay the fee (and any additional costs paid on my/our behalf) directlyto Credit HealerLtd. (a) I/we agree to notify Credit HealerLtd of any refund received from the bank within 3 days of receipt. (b) Credit HealerLtd will issue an invoice for their service which will be payable with 7 days issue
- I/we agree that Credit HealerLtd can deduct the fees for my claim from my credit/debit card upon completion of my case
- Credit HealerLtd will charge interest on any unpaid invoice at the rate of 10% in respect to up paid invoice
- I/we agree not to accept any refund that is communicated directly to us by the bank without the consent of Credit HealerLtd
- Termination: (a) Credit HealerLtd may terminate this agreement should the amount recovered be deemed to be insufficient to progress. (b) I/we may terminate our instruction by providing written notice to Credit HealerLtd within 14 days of the date of this document. (It is recommended that you send any notice of cancellation by recorded delivery post). Termination after this period will be at the discretion of Credit HealerLtd and only then in exceptional circumstances; I/we will be liable for those costs which equal to the sum payable in my/our case should my/our claim have been settle in full. Should the value of my/our claim be unknown then I/we may be liable for the reasonable costs incurred by Credit HealerLtd at the rate of £85 per hour, or part thereafter.
- I/we understand that Credit HealerLtd will not disclose my/our personal details to anyone else
- In the event that you have any arrears on your credit card/loan the refund will automatically go towards clearing these arrears. I/We will be liable to pay the 25% fee directlyto Credit HealerLtd with 7 days of the date of the invoice.
- Non-payment of invoice without exception, all invoices must be paid in full within 7 days of issue. The cost of any telephone call and invoice reminders may be added to the outstanding debt £10.00 Second and subsequent written reminder • £10.00 Second and subsequent telephone reminder • £50.00 Solicitor Letter before Action (LBA)
- The costs of any county court action (£25-£100) will be added to the outstanding debt together with statutory interest, pursuant to section 69 of county court Act 984 until the debt is paid in full

I/We have read the Terms and Conditions, specifically those relating to my/our payment obligations.

Policy Holders Name

Joint Policy Holders Name

Signature

Signature

Date

Date

IMPORTANT

Upon settlement of the claim(s) the policy will be terminated by your provider. We therefore, suggest that you please look elsewhere should you wish to purchase PPI with recommended advice.

LETTER OF AUTHORITY

This page will be sent to your provider to inform them that you give Credit Healer Ltd, authority to act on your behalf. It needs to be signed by you and any additional policy holder(s). You will need a separate authority for each Policy.

PLEASE COMPLETE THIS FORM AS CLEARLY AS POSSIBLE

Policy Holders Full Name

Policy Holders Date of Birth

Joint Policy Holders Full Name (If applicable)

Joint Policy Holders Date of Birth

Your Address:

Post Code:

Policy Number or Reference

TO WHOM IT MAY CONCERN

THIS AUTHORITY RELATES TO THIS AND ALL PREVIOUS AGREEMENTS WITH YOUR COMPANY

AUTHORISATION TO CREDIT HEALER LTD

I/We authorise Credit Healer Ltd to act on my/our behalf in pursuing my/our claim in respect of advice received from and/or sales made by the company relating to the Financial Ombudsman Service if this are believed to be in my/our best interest.

INSTRUCTIONS TO THE COMPANY

Please take this letter as my/our instruction to you, the company, to deal directly with Credit Healer Ltd. In respect of the claim and to provide them with any information they request and require to pursue my/our claim.

REDRESS/COMPENSATION

This letter constitutes a full assignment by me/us to Credit Healer Ltd of my/our entitlement to any redress or any other monies agreed or awarded to me/us. Such monies will promptly be paid to me by Credit Healer Ltd less their fee for the services carried out by them. I/We hereby instruct you to pay any award of compensation to Credit Healer Ltd. Who will hold the money on my/our behalf? The Redress is to be paid to Credit Healer Ltd Client Account

I/We understand that in the event of a successful claim, my payment protection policy will be cancelled and it is my responsibility to arrange replacement cover if required.

I/We understand that if the loan or credit card provider uses my redress monies to reduce an outstanding balance on my loan or credit card a full fee will still be immediately payable to Credit Healer Ltd.

INSTRUCTIONS TO THIRD PARTY

In the event that you need to contact a third party to progress my/our claim for any reason, I/We hereby give my/our authority and consent for the third party to provide the company and Credit Healer Ltd with any information they request and may require to pursue my/our claim.

DECLARATION OF TRUTH

I/We have read and accept Credit Healer Ltd and give them full authority to make a claim on my/our behalf. I/We confirm that the information given in this letter is to the best of my/our knowledge accurate and truthful reflection of my/our recollections of events of point of sale.

TERMS OF ENGAGEMENT

I/We have read and accept Credit Healer Ltd Terms of Engagement and give them full authority to make a claim on my/our behalf.

Policy Holders Signature

Joint Policy Holders Signature

Date

Date

CREDIT HEALER LTD PPI



Important:

We ask that you please complete our settlement payment form. In the event the lender issues the refund directly to you. We will obtain your permission to debit your card for the sum of 25%.

CREDIT CARD/DEBIT CARD PAYMENT AUTHORISATION

Client Name:

Address:

Post Code:

CARD
TYPE?

Please tick where appropriate

Visa:

Master Card:

Switch:

Debit Card:

Issue Number:

Card Number:

Start Date:

Expiry Date:

Security Code:

A surcharge of 2.5% will apply to payments made by credit card. No Surcharge will apply to payments made by debit card.

I authorize Credit Healer to debit my Switch/MasterCard/Visa/Maestro for the sum of 25% of the amount recovered from my lender, with regards to my PPI claim.

Policy Holders Signature:

Date:

Contact Telephone Number: