



**LETTER OF AUTHORITY FORM**

AviationADR Case ID:

Please complete this form if you ("the Complainant") want to authorise another person to act on your behalf ("the Authorised Person"). For example, this Authorised Person may be a friend, relative or a lead passenger who is booked under the same booking reference.

You can change or cancel this authority at any time by contacting us on 0203 540 8063.

**Declaration:**

- I authorise the Authorised Person to act on my behalf in relation to my complaint.
- I understand that any information given to the Authorised Person will be deemed to have been given to me.
- I give permission to the Authorised Person to discuss all aspects of my complaint on my behalf.
- This will confirm the Authorised Person is entitled to accept any remedy or award provided, if appropriate.
- I confirm the Authorised Person will receive, if appropriate, the full payment of compensation and they shall then be responsible for distributing the payment accordingly.

**About you, the Complainant:**

Name:..... Signature:..... Date:..... /..... /.....

Name:..... Signature:..... Date:..... /..... /.....

Name:..... Signature:..... Date:..... /..... /.....

Name:..... Signature:..... Date:..... /..... /.....

Name:..... Signature:..... Date:..... /..... /.....

\* Please use a second Letter of Authority form if required

**About the Authorised Person:**

**Authorised Person's title:**

**First name:**

**Last name:**

**Full postal address:**

**Email address:**

**Telephone number:**

**Alternate telephone number:**

**Airline name:**

**Booking reference:**

**Flight number:**

**Date of flight:**