

LETTER OF AUTHORITY

Letter of Authority – DWP (HRP-related State Pension Correction)

Full Name	
Address	
Date of Birth	
National Insurance Number	

Authority

I authorise **Kensbridge Ltd** to act as my representative only for the following matter:

HRP-related State Pension correction (including any linked effect on **Pension Credit**, if applicable).

I authorise the **Department for Work and Pensions (DWP)** to:

- discuss this **HRP-related State Pension** issue with **Kensbridge Ltd**;
- share information with **Kensbridge Ltd** about my **State Pension** and, where relevant, any linked **Pension Credit** decision; and
- respond to enquiries, requests for explanation, and any **mandatory reconsideration** or **appeal (SSCS1)** about this same issue only.

This authority does not:

- authorise **Kensbridge Ltd** to receive any **payment** or **benefit** on my behalf – any arrears or underpayments must be paid directly to me;
- change who my benefit is paid to or alter my **bank details**;
- make **Kensbridge Ltd** my **appointee, attorney** or **deputy**. It is simply permission for **DWP** staff to talk to **Kensbridge Ltd** and share information about this specific **HRP-related issue**.

This authority is limited to this matter only (including any related **reconsideration** or **appeal**) and will continue until the **HRP-related State Pension** issue is completed. I may revoke this authority at any time by telling **DWP** or **Kensbridge Ltd** in writing or by phone.

Client Declaration

Signature	
Date	
Full Name	

Representative Details

Kensbridge Ltd

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