



Letter of Authority,

To whom it may concern,

This is to advise that _____ an agent of **Dolphin Utilities** has been appointed as your sole Utility Consultant relating to Electricity/Gas, Broadband, Mobile and Fuel Discount cards. Please afford them your maximum co-operation.

Dolphin Utilities may require information regarding our accounts from time to time, which include but not limited to:

- Current & Historic supply contracts & invoices
- Access to online billing GPRO/MRSO data where applicable
- Obtain any adjustments/refunds on our behalf, Pass on information regarding applications on your behalf

We hereby authorise you to disclose such information.

They are also granted the ability to negotiate supply contracts on our behalf. All rates negotiated by **Dolphin Utilities** on our behalf will be forwarded to ourselves through **hello@dolphinutilities.com** before completion of contracts.

This letter revokes all previous LOA's given with immediate effect.

By signing this LOA I agree with **Dolphin Utilities** General Terms & Conditions.

By signing this LOA I am in acceptance with **Dolphin Utilities** Privacy Policy & Data Protection Policy which adheres to the regulations set out by the EU Commission under GDPR (General Data Protection Regulation).

- You've confirmed you are the person authorised to change supplier at the agreed domestic supply address.
- You've given permission to your Independent Energy Broker to enter into a contract on your behalf using the signed Letter of Authority. The Independent Energy Broker has highlighted to you the protections that are available for vulnerable customers.
- You've agreed to the selected product and this has been fully explained to you including the terms and conditions. Charges and termination fees.
- **I confirm I have given my broker permission to enter into domestic contracts on my behalf.**

Thank you for your assistance

Yours Sincerely,

Authorised Signatory

Name(Capitals) _____

Start Date - _____

Position (Capitals) _____

Company Name _____

Finish Date - _____

E-mail address _____

Contact Tel.No. _____

MPRN _____

GPRN _____