Authority Letter

**Letter of authority of «{clientname}», of «{clientcity}»**

Date: {date}

I/We hereby confirm that Greatminds Debt Ventures Private Limited, conducting business as Debt 2 No Debt, and its empanelled legal representatives are granted full authority to act on my/our behalf in requesting any information pertaining to my/our financial affairs that they may require. We hereby appoint Greatminds Debt Ventures Private Limited, trading as Debt 2 No Debt, and its legal representatives as my/our agent to communicate, discuss, and negotiate terms and conditions for the settlement of loans.

I/We expressly request that my/our creditors or their agents engage in communication, discussion, and negotiation regarding payment terms, conditions, extensions, and/or deferments of any monies due from me/us. Furthermore, I/we authorize my/our creditors to discuss my/our financial situation with Greatminds Debt Ventures Private Limited and its legal representatives.

I/We affirm that Greatminds Debt Ventures Private Limited, trading as Debt 2 No Debt, and its legal representatives are vested with my/our full authority to initiate contact with my/our creditors. I/we also agree to execute any required forms of authority and other pertinent documents to facilitate Greatminds Debt Ventures Private Limited and its legal representatives in fulfilling my/our obligations.

Additionally, I/we appoint and authorize Greatminds Debt Ventures Private Limited, trading as Debt 2 No Debt, to act on my/our behalf in filing a complaint and representing me/us in proceedings under the Scheme before a Banking Ombudsman for the consideration of my/our complaint.

Debt 2 No Debt is hereby authorized by me/us to act as an agent for the purpose of making payments or performing any other actions on my/our behalf. I/we acknowledge that ultimately, I/we will be solely liable and responsible for fulfilling all obligations towards the financial institution.

|  |  |
| --- | --- |
| **Name: {clientname}** | **DOB:** {dateofbirth} |
| **Client Name, if joint account:** | |
| **Print Name:** | **DOB:** |
| **Current Address:**  {address} | **Creditor**: |
| **Product Type:** |  |
| **Loan Account/Credit Card number if known:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Creditor (App Loan/Bank name) | Type of Debt/ Loan | Loan Account Number | Balance O/S | Approx  25% | Approx  30% |
|  |  |  |  |  |  |

I/We confirm that to the best of my/our knowledge, the information that has been given to Debt 2 No Debt is correct as at today’s date and I/we also confirm that we will advise Debt 2 No Debt if the information given to them changes. By signing this authority, I/We have read and agreed to the terms and conditions set by Greatminds Debt Ventures Private Limited, trading as Debt 2 No Debt. Debt 2 No Debt and its Empanelled lawyers may send this authority to you by post, facsimile or e-mail. Please accept this as my/our authority.

**Sign:**

**Date – {date}**