

**Constituent Form of
Authority**

RT HON JOHN BERCOW MP

HOUSE OF COMMONS, LONDON, SW1A 0AA

0207 219 6346

john.bercow.mp@parliament.uk

Full name (please print): _____

Full Postal Address: _____

Email Address: _____

Telephone Number: _____

Date of Birth: _____

NHS Number: _____

National Insurance Number: _____

Nominated Representative: _____

(if applicable, please provide a full
name and postal address)

I request that Rt Hon John Bercow MP, Member of Parliament for Buckingham, and his staff take action on my behalf with respect to the following:

I confirm that it is my wish for information relating to the aforementioned case to be shared with Rt Hon John Bercow MP as my local Member of Parliament and the nominated representative named above. I understand that in the course of the investigation into my case, my personal information may be shared with other relevant agencies to provide answers to my questions, for which I also give my permission. I understand that this may include sensitive personal information and that any such information will be handled in accordance with the Data Protection Act 1998.

I acknowledge that it is my wish for Rt Hon John Bercow MP to take action on my behalf until the conclusion of this matter unless I notify him otherwise.

Signed: _____

Name (please print): _____

Date: _____