|  |  |  |  |
| --- | --- | --- | --- |
| **Cyfeirnod achos:** | |  |  | | --- | --- | |  |  | |

|  |  |  |
| --- | --- | --- |
| **Cwblhewch y ffurflen hon os ydych yn dymuno awdurdodi person i weithredu ar eich rhan. Gallech ofyn i ffrind, i berthynas neu ddarparwr gwasanaeth arall ond dylech wirio’n gyntaf a fyddant yn codi tâl am wneud hyn. Gallwch newid neu ganslo’r awdurdod hyn unrhyw bryd trwy gysylltu â ni ar 0300 555 0333.** |  |  |

Amdanoch chi:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Teitl** (Mr/Mrs/Ms/Dr)**:**   |  |  | | --- | --- | |  |  | | **Eich enw cyntaf:**   |  |  | | --- | --- | |  |  | | | **Eich cyfenw:**   |  |  | | --- | --- | |  |  | | |
| **Eich cyfeiriad post yn llawn:**   |  | | --- | |  | |  | |  | | | | | |
| **Eich cyfeiriad e-bost:**   |  |  | | --- | --- | |  |  | | | **Eich rhif ffôn:**   |  |  | | --- | --- | |  |  | | | **Rhif ffôn arall:**   |  |  | | --- | --- | |  |  | |
| Rydw i/Rydyn ni yn awdurdodi: | | | | |
| **Teitl y cynrychiolydd:**   |  |  | | --- | --- | |  |  | | **Enw cyntaf:**   |  |  | | --- | --- | |  |  | | | **Cyfenw:**   |  |  | | --- | --- | |  |  | | |
| **Cyfeiriad post yn llawn:**   |  | | --- | |  | |  | | | | | |
| **Cyfeiriad e-bost:**   |  |  | | --- | --- | |  |  | | | **Rhif ffôn:**   |  |  | | --- | --- | |  |  | | | **Rhif ffôn arall:**   |  |  | | --- | --- | |  |  | |

**I weithredu ar fy rhan mewn perthynas â’m cwyn ynghylch:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
|  | | | |
| **Rydw i/rydym ni yn deall yr ystyrir bod unrhyw wybodaeth a roddir i’m cynrychiolydd wedi ei roi i fi/i ni** | | | | | |
| **Llofnod 1** | | |  |  | | --- | --- | |  |  | | **Llofnod 2** | |  |  | | --- | --- | |  |  | | |
| **Enw mewn**  **prif lythrennau** | | |  |  | | --- | --- | |  |  | | **Enw mewn**  **prif lythrennau** | |  |  | | --- | --- | |  |  | | |
| **Dyddiad** | | |  |  | | --- | --- | |  |  | |  |  | |