

Consent to Disclose Personal Information

This form is to be used when you want Sovereign to give details about you to a third party

Policy Number	<input type="text"/>
Your Name	<input type="text"/>
Your Address	<input type="text"/> <input type="text"/>
Name of person that information is to be released to	<input type="text"/>
Their Address	<input type="text"/> <input type="text"/>

Authorisation

I authorise Sovereign to release any of my personal information, and to discuss any details of my claim, including medical or financial details, with the above named person.

Signed by (signature of person consenting)	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / 20
Witnessed by:			
Print name	<input type="text"/>		
Signature of Witness	<input type="text"/>		
Address of Witness	<input type="text"/> <input type="text"/>		
Occupation of Witness	<input type="text"/>		