

CONSENT FORM

I the undersigned _____ **[name of policy holder]** holder of Maltese Identity card number _____ do hereby authorise _____ **[name of person authorised on behalf of policy holder]**, holder of identity card number _____ (hereinafter referred to as 'the authorised person') to:

1. request and obtain on my behalf any personal data and information relating to me from MelitaUnipol Insurance Agency Limited as may be held and/or processed by it from time to time;
2. obtain quotes and issue instructions for the issue or renewal of any policy in my name;
3. effect any changes to any insurance policy in force in my name, including but not limited to, amending or cancelling cover, and changes in sum/items insured;
4. obtain information on any policies or claims which relates to me;
5. handle any claim on my behalf;
6. request statements and any other accounting information.
7. sign any document in my name and in my stead as may be required to give effect to the above.
8. Further in general to perform, do, and sign on my behalf, all that is necessary in connection with or ancillary to the above.

and I therefore authorise the said **MelitaUnipol Insurance Agency Limited** to disclose any such personal data and information for any purpose as may be requested by the said authorised person and to act upon the instructions of the authorised person as specified in terms of this authorisation.

And I hereby undertake to approve, ratify and confirm whatsoever the authorised person shall lawfully do or cause to be done with respect to this authorisation.

This authorisation shall be valid unless revoked in writing by the policy holder. Notice of revocation is to be sent to MelitaUnipol Insurance Agency Limited on compliance@muia.com.mt

Signature - Policy Holder

Signature - Witness

Date