Please accept this document as my (our) authority to release information in respect of my (our) arrangements with your company to \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*.

Name…………………………Signed…………………………..Date……………….

Address………………………………………

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2nd Party (if applicable)

Name…………………………Signed…………………………..Date……………….

Address………………………………………

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