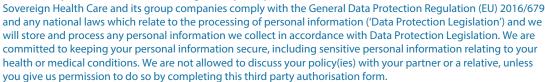
Third party authorisation form

Instruction to authorise a third party to have access to information relating to your policy(ies).







Policyholder details	
Policy number	Address Address
Title	
First name	
Surname	
Date of birth	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Telephone	Postcode
Email	
Please provide the details of the person you would like to authorise to have access to your policy information.	
Person to be au	uthorised
Title	Address
First name	
Surname	
Date of birth	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Telephone	Postcode
Email	
To be somewhate	al bushe walloukalalan
I, the policyholder, confirm that the information given on this form is true and correct. I authorise Sovereign Health Care to disclose details about my policy(ies) to the person named on this form. This authorisation is given until such time as I notify Sovereign Health Care in writing to terminate it. I understand information about my policy(ies), including claims and treatments received, may be disclosed. Additionally, this authority allows the person named to access and/or amend any aspect of my policy(ies) held.	
Signature of pol	icyholder
	/
To be completed by the person to be authorised	
I, the authorised person, confirm that the information given on this form is true and correct, that I am over 18 years of age and resident in the UK. I consent to Sovereign Health Care and its group companies holding my personal data to enable me to have access to and amend the policyholder's policy.	
Signature of person to be authorised	
Data Protection For further information on how we maintain the security of your information and your rights in relation to the information we hold about you, please see our privacy policy available on our website or contact us if you require a hard copy.	

Next steps: Please ensure all sections have been completed and the form has been signed by both the policyholder and the person to be authorised. Then return your completed form in an envelope to Sovereign Health Care, 2nd Floor, West Wing, The Waterfront, Salts Mill Road, Shipley, Bradford BD17 7EZ. Please remember to affix the appropriate postage stamps to the envelope.

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