

Customer consent form



Your Details

Title	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>
Policy/Scheme Number	<input type="text"/>
Member Number	<input type="text"/>
Name of the policyholder/ Company Name	<input type="text"/>

At Aviva, we are aware that some circumstances may mean you need to ask someone else to manage your policy or update your claim. In order for us to protect your data and comply with data protection rules, we require your consent to be able to take instructions from others. So, if you would like us to be able to discuss your claims and policy administration queries with a family member or someone else please complete the section below.

For information:

- Policy administration - includes but is not limited to, change of address/name. **For individual policyholders only**, it would also include but is not limited to: level of cover/benefit options, premium payment options, and cancellation of policy.
- Claims - includes but is not limited to initiating and updating claims.

Please note, giving consent for us to speak about claims with another person would mean discussing your sensitive medical information. Consent for claims and policy administration would be for the duration of the policy with Aviva unless you specify otherwise, and will apply to the policy that you have stated above. You can withdraw, amend or restrict this consent at any time by contacting us on 0800 158 3333. Even with the completion of this form, we may sometimes need to clarify/verify certain details with you if there is any uncertainty regarding the information provided.

The person you wish to authorise

Title	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>
Relationship to you	<input type="text"/>
Email address	<input type="text"/>

Contact number

What are you giving consent for? (Please select Yes/No)

- Policy administration Yes No
- Claims Yes No
- Would you like to restrict this to a specific claim. Yes No

If so, please specify the Claim Reference number:

If you wish to specify an expiry date for the consent, please state here:

Signature:

Date:

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