

CONSENT FORM

FOR REQUESTING PERSONAL DATA FROM THIRD PARTIES

YOUR DETAILS

I hereby give my consent for Cirencester Friendly Society ('The Society') to request and obtain my personal data from any of the following third-party sources for the purpose of assessing and processing my claim. The requested data will be archived in accordance with the Society's privacy policy.

1. Employers (past and present): The Society may obtain information from my employer to verify whether I am receiving company sick pay.
2. Accountants: The Society may obtain information from my accountant to determine pre-disability and continued earnings.
3. HMRC: The Society may request financial information from HMRC if I am unable to provide it.
4. Other insurers: The Society may obtain information from other insurers if I hold a contract/policy with them.

I understand that I can withdraw my consent at any time by contacting the Society, although this may impact the assessment of my claim.

I understand that I have the right to request access to my information in accordance with my General Data Protection rights by contacting the Society's Claims Team at claims@cirencesterfriendly.co.uk or the Data Protection Officer at dpo@cirencester-friendly.co.uk. The Society will acknowledge the SAR (Subject Access Request) and may request for a proof of ID.

I understand that I can direct any enquiries regarding my data to the Data Protection Officer at Cirencester Friendly Society Limited, Mutuality House, The Mallards, South Cerney, Cirencester, Glos. GL7 5TQ, dpo@cirencester-friendly.co.uk.

By providing my consent, I authorise the release of my data from any of the third-party sources listed above.

Member's Signature	<input type="text"/>	Date	<input type="text"/>
Member's Name	<input type="text"/>	Date	<input type="text"/>