

WESTCOUNTRY HEALTH CARE LTD
PROCESSING OF PERSONAL DATA CONSENT FORM

I accept that the Company holds personal data about me and I hereby consent to the processing by the Company or any associated company of my personal data for purposes related to the provision of insurance products, as described in the Company Privacy Policy.

I also explicitly consent to the Company or any associated company processing any sensitive personal data relating to me, for example medical reports or particular health conditions, as necessary for the conduct of the Company's business.

Finally, I consent to the Company providing my personal data to a third party where this is necessary for the provision and maintenance of my insurance products.

Name:

Signature:

Date:

PLEASE RETURN YOUR SIGNED FORM TO:

Westcountry Health Care Ltd, 75 Teignmouth Road, Torquay, Devon TQ1 4ES

Or scan and email to susie@wchc.co.uk

PLEASE NOTE: IF WE DO NOT RECEIVE A RESPONSE FROM YOU WITHIN 30 DAYS OF OUR CONSENT REQUEST, WE WILL ASSUME CONSENT. YOU ARE FREE TO WITHDRAW THIS CONSENT AT ANY TIME.