

## Parliamentarian Representation Information Sharing – Client Consent

## Section 1: Details of person providing consent

Name:			Date of birth:				
Address:							
Email			Phone:				
Section 2: Authorisation							
I give consent to share my personal information with:							
Member of							
Parliament							
Office addr	ess:		Phone:				
The enquir	y relates						

to:

I understand that information will be provided to the Member of Parliament and their office to make enquiries on my behalf. *I understand that all personal information about me is kept in accordance with the Personal Information Protection Act 2004.* 

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 3: Parliamentarian signature declaration

## If a signature of the person providing consent is not able to be obtained:

□ I agree that by submitting this form I have been authorised by the above person to enquire on their behalf in relation this enquiry. I understand it is an unlawful fraudulent activity to knowingly provide false, incomplete or misleading information about the provision of consent. Written evidence of consent (such as an email) must be kept as a record and provided as part of this enquiry.

Signature:	Date:	

Please ensure that this form is completed and attached to your enquiry