



INSURANCE BROKERS ASSOCIATION OF CANADA

PERSONAL INFORMATION ORAL CONSENT ACKNOWLEDGEMENT FORM

This form is for internal office use only and is to be completed upon receiving instructions from clients in regard to their personal information held or processed by this insurance brokerage.

Date	File Number
Client Name	Policy Number
Insurer	Type of Insurance (e.g., home, auto etc.)
Staff member receiving client instructions	Staff member's signature or initials

A. The above-named client has instructed that (s)he consents to our collection, use or disclosure of his/her personal information for the following specified purposes:

1. to enable us to acquire or renew an insurance product for him/her;
2. to enable us to assess his/her ongoing needs for insurance products;
3. to assess his/her need for other products, such as financial products;
4. to ensure that his/her personal information is accurate and up-to-date; and
5. to protect each of us and the insurer against error or fraud.

Yes No (if no, complete section B below)

B. The above-named client has instructed that (s)he does **not** consent to the following collection, use or disclosure of their personal information:

Collection - Personal information that may not be COLLECTED:

Use - Personal information may not be USED for the following purposes:

Disclosure - Personal information may not be DISCLOSED to the following parties:

Client's special instructions re: personal information (if any):