

# Consent form authorising GEMS to disclose personal information to a third party



Please submit the completed and signed form via fax to 0861 00 4367 or email at [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za).

## Section 1: Personal details

Membership No.

Title Mr  Ms  Mrs  Initials

First Name

Surname

ID/Passport No.  Date of birth

Tel No.  Cell No.

Email

## Section 2: To whom the information may be supplied

First Name

Surname

ID/Passport No.

Tel No. Work  Cell No.

Fax No.

Email

## Section 3: Consent

### I, the undersigned hereby:

1. authorise GEMS to disclose the above information to the party(s) identified above;
2. agree that GEMS shall not be held liable for any loss or damage whatsoever, including direct, indirect and consequential, that may arise from the disclosure of any information pursuant to this consent;
3. agree that once consent is provided, any information held by GEMS may be provided to the identified party;
4. acknowledge that this consent will continue in force until expressly withdrawn by me in writing, even if I change practitioner/employer/broker.

Signature of member/ Authorised signatory \_\_\_\_\_

Date