Consumer Advocate for Insurance.

Défenseur du consommateur en matière d'assurances.

Consent Form

To : _____

_____

_____

_____

Date: _____

Re: _____

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You are hereby authorized to divulge, communicate and provide to the office of the Consumer Advocate for Insurance of New Brunswick any and all information, records or documents as requested by the said office of the Consumer Advocate in relation to me, the undersigned.

You are hereby released from the provisions of the Privacy Act for the purpose of complying with this request.

X _____.