



**Consent for client information verification with the Department for
Registration of Persons and/or any third party/authority**

*“I /we hereby consent to the disclosure or transfer by the Company of information relating to or
provided by me/us to the Department for Registrations of Persons (DRP) and/or any third
party/authority for the purpose of carrying out the verification.”*

[Where CUSTOMER is an individual]

Signature:

Signature:

Name -

Name -

Signature:

Signature:

Name -

Name -

Date -.....

[Where CUSTOMER is incorporated]

Signed by Authorized Signatories

Signature:

Signature:

Name -

Name -

Date -.....

Entity Seal-