

Section 2: Third-Party Information Continued

Third-Party 2

Title Initials Surname

Full names

ID/Passport no. Date of birth

Gender Occupation

Telephone - home () - Telephone - work () -

Cell E-mail address

Once-off consent Continuous consent

Time period in which consent will be valid to

Relationship to Principal Member

Section 3: Information that may be disclosed to the above-mentioned Third-Party

Please indicate which information you would like us to provide to your chosen third-party.

	Third-Party 1		Third-Party 2	
	YES	NO	YES	NO
Personal Information (Confirm personal details, update contact details on behalf of the member)				
Benefit Information (Benefit queries and claim queries)				
Financial information (Banking details, suspension status, contribution information, amounts owing to the Fund)				
Medical Information (Diagnosis, treatment plans, chronic and other authorisations)				
Documents (Statements, membership certificates, tax certificates)				
All of the above				
Other (please specify)				

Section 4: Disclaimer

1. This document gives the RFMCF and its Administrator permission to make certain information available to the named third-party/parties.
2. I agree that by making this information available, the RFMCF and its Administrator are not responsible for any loss (direct or indirect) due to such disclosure.
3. I agree that the named third-party/parties receiving this information may not hold the RFMCF or its Administrator responsible for any claims which result from the wrong use or disclosure of the information by the named third-party/parties.
4. I agree that once I have given permission, the RFMCF or its Administrator may give all the information within the selected category to the named third-party/parties.
5. This permission will end on the date(s) specified on this form. I understand that if I have not stipulated an end date, consent will remain in force until I give specific instructions to end this consent (or when the purpose of the consent is no longer valid).
6. I guarantee that, to the extent that it may be required by law, I have the necessary consent from my dependants to provide this permission.
7. This consent will be in force until expressly withdrawn by me as the member.
8. This consent will become null and void in the event of the death of a member or person providing consent.

Signature of Principal Member

Print Name and Surname of Principal Member

Date

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