

2. Consent by member to a nominated third party or next of kin. By completing this section, you, the member provide permission to the nominated third party or next of kin (not registered under the Bestmed profile) to access the specified Personal / Special Personal Information, as listed above, of all registered beneficiaries.

Relationship to member																												
Name																												
Surname																												
ID / Passport number																												
Country of issue																												
Email address																												
Cell phone number															Date of birth	D	D	M	M	Y	Y	Y	Y					

2. CONSENT BY A REGISTERED DEPENDANT (INSTRUCTOR)

1. By completing this section, you as the dependant, who is 18 years or older, provide permission to the registered beneficiary (i.e. member or dependant) to access your Specified Personal / Special Personal Information, as listed in the examples above.

Fill out the detail of the dependant who gives the consent here.

Membership number															Beneficiary number													
Name																												
Surname																												
Relationship to member																												
ID / Passport number															Date of birth	D	D	M	M	Y	Y	Y	Y					
Country of issue																												
Email address																												
Cell phone number																												

I hereby nominate and appoint:

2. Fill out the details of the person to whom the consent is given to access the specified Personal / Special Personal Information, as listed in the examples above.

Membership number															Beneficiary number													
Name																												
Surname																												
Relationship to member																												
ID / Passport number															Date of birth	D	D	M	M	Y	Y	Y	Y					
Country of issue																												
Email address																												
Cell phone number																												

