

CONSENT TO EMAIL COMMUNICATION



Please return this form to BSP Life Customer Service Centre, Ground Floor, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji or to your nearest BSP Life Customer Service Centre. If you have any questions please contact us on Telephone: (679) 331 7000 Call Centre: 132 700

PLEASE READ THESE NOTES:

- Please complete all details in BLOCK LETTERS.
- In this form, BSP Life (Fiji) Limited or BSP Health Care (Fiji) Limited, as applicable, is referred to as "BSP Life".

Section A: Policy Details

Policy Number:	Policy Owner:
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Section B: Email Details

Email Address:	
Alternate Email Address:	

Section C: Consents and Declarations

Consent to communicate through Email

I/We the Policy Owner or Authorised Person (*if Organisation*) consent that:

- I/We** understand that if I have chosen "Email" in the preferred communication method box in Section A, **I/We** agree to You contacting **Me/Us** through email for all matters concerning my Policy and **I/We** authorise BSP Life to communicate with **Me/Us** by email and act on instructions it receives by email (applies to all communications permitted to take place electronically by law).
- I/We** understand it is my responsibility to inform BSP Life of any changes to my/our email address and to maintain the appropriate software and hardware to access, view, retrieve, print and save a copy of any documents sent to **Me/Us** electronically.
- I/We** understand and acknowledge that BSP Life is no longer required to send **Me/Us** notices or other documents for my Policy in paper form.
- I/We** will ensure that I regularly check for notices and other communications from BSP Life and the Email addresses remain current and BSP Life communications to **Me/Us** are not blocked.

Declarations

- **I/We** the Policy Owner or Authorised Person (*if Organisation*) declare that:
- I consent to email communication as set out in this application.
- All information has been entered, checked and verified as true and correct.

Full Name:			
Signature/Thumb Print:	Signed at:	Date:	

Witness

Full Name:			
Address:			
Signature:	Signed at:	Date:	