

Third party declaration

To: Paragon


I/We (name/s)	<input type="text"/>
	<input type="text"/>
of (address)	<input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> Postcode
jointly and separately waive any duty of confidentiality you may have to me/us under the data protection legislation and under general law and hereby authorise you to disclose any personal details you hold about me/us or the operation of my/our account(s) with you to:-	
Name	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> Postcode
Email address	<input type="text"/>
Telephone	<input type="text"/>
Password*	<input type="text"/>
<small>*Required for identification purposes of 3rd party during telephone contact</small>	
Signature of 3rd party	<input type="text"/>


This authority will remain in force until such a time as we revoke it in writing.

<input type="text"/> Signature	<input type="text"/> Date
<input type="text"/> Signature	<input type="text"/> Date

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