



CONSENT FOR RELEASE OF INFORMATION

Proposal Number : _____
Proposed Insured's name : _____
NRIC Number of the Proposed Insured : _____
Proposed Owner's name (if applicable) : _____
NRIC Number of the Proposed Owner (if applicable) : _____

CONSENT:

I, the undersigned, by signing this form, hereby authorize the below name individual, agent of AXA AFFIN Life Malaysia, for the doctor/hospital/clinic to disclose to AXA AFFIN Life Insurance Berhad, the clinic records and/health disclosure for the purpose of my insurance application. A copy of this authorization shall be as effective and valid as the original.

Signature of the the Proposed Owner : _____
Date of signing : _____/_____/_____

AGENT DETAILS:

Name of the agent : _____
NRIC Number of the agent : _____

NB/CONSENTLETTER/V2.0/2020