



**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

Cellphone 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.

I,

Membership number  Beneficiary number

Name

Surname

Relationship to member  Date of birth 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

ID/Passport number

Country of issue

Email address

Cellphone number

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  Date of birth 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

ID/Passport number

Country of issue

Email address

Cellphone number

