

PLEASE WRITE CLEARLY AND IN ENGLISH USING BLOCK CAPITALS

I hereby authorise \_\_\_\_\_ to furnish to Nordben Life and Pension Insurance, Guernsey medical records and information pertaining to medical history, mental or physical condition, services rendered or treatment given to myself on or during

Signed: .....

Name: .....

Date of Birth: .....

Date of Signature: .....

Name and Address of  
Doctor/Hospital/Practitioner: .....

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Please return the completed form to:

Consultant Medical Officer  
Nordben Life and Pension Insurance Co. Limited  
Harbour House, South Esplanade, St Peter Port, Guernsey, GY1 1AP, Channel Islands  
Telephone + 44 (0) 1481 702900 Telefax: +44 (0) 1481 710719  
E-Mail: info@nordben.com