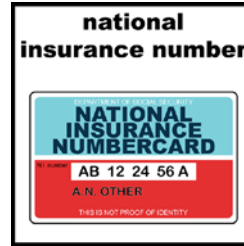


Sharing Information Agreement

I..... (my name) give my permission for my *National Brokerage Network Broker*(name)



To contact my:



Doctors

Social Care Services / Local Authority

Department for work and pensions

Housing Associations

AND:.....

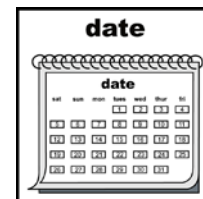
..... (additional companies / individuals) I request you share information with my *National Brokerage Network Broker*.

This request remains active until further notice.



Signed:

Date:



Name / Address