

Name: _____

Policy Number: _____

FORWARD THIS FORM TO: (name of the person you are sending this form to) _____

247 Main Street South
Newmarket, Ontario L3Y 3Z4
Phone: 1-800-665-7283
Fax: 1-877-441-4454
http://www.buckleyins.com



BUCKLEY INSURANCE BROKERS LTD. CONSENT WITHDRAWAL FORM

Name: _____

Date: _____

1. Insurance Company: _____ Policy Number: _____

2. Insurance Company: _____ Policy Number: _____

Address: _____

Home Phone: _____ Business Phone: _____

Fax: _____ E-Mail: _____

Please accept this as notification that I _____ (client's name) withdraw my consent for Buckley Insurance Brokers Ltd. to collect, use and disclose my personal information. I understand that by withdrawing my consent that the above mentioned insurance policy(s) may be cancelled. If there are other named insureds on any policy, the withdrawal of my consent may also cause their policy(s) to be cancelled. I hereby authorize Buckley Insurance Brokers Ltd. to notify all other named insureds of my withdrawal herein.

Clicking below has the same legal effect as your handwritten signature:

I agree I do not agree

Signature Field _____

FOR BROKERAGE USE ONLY

Date Received: _____

Received By: _____

Date of Response: _____

Response By: _____