

CONSENT TO SHARE INFORMATION

Location: _____

Date: _____

PARTIES:

I, the undersigned (the "Consent Provider"), hereby consent to the collection, use, and disclosure of my personal information as described below.

1. Personal Information to be Shared:

The personal information I consent to share includes but is not limited to my full name, contact details, identification documents, and any other information reasonably required for the purpose set out in this consent.

2. Purpose of Sharing:

The purpose of sharing my personal information is to enable verification, assessment, and communication relating to the services or transactions I am involved in, including but not limited to identity verification, eligibility checks, and contractual matters.

3. Recipients of Information:

My personal information may be shared with authorised third parties including service providers, government agencies, regulatory bodies, and any other entities as required or permitted by law or as explicitly agreed by me.

4. Duration of Consent:

This consent remains in effect until I withdraw it in writing. I understand that withdrawing consent may affect the provision of services or my ability to participate in the transaction or arrangement.

5. Rights of the Consent Provider:

I have the right to access my personal information held by the recipient parties, request correction of inaccuracies, and inquire about the handling of my information. I understand that these rights are subject to applicable laws and regulations in Australia.

6. Confidentiality and Security:

All parties receiving my personal information must ensure it is stored securely and handled confidentially, in compliance with the Australian Privacy Principles and other relevant legislation.

7. Withdrawal of Consent:

I may withdraw my consent at any time by providing written notice to the party requesting this consent. Withdrawal of consent will not affect any actions taken prior to withdrawal.

8. Governing Law:

This consent is governed by and construed in accordance with the laws of the Commonwealth of Australia and the applicable State or Territory laws.

9. Acknowledgement and Signature:

I acknowledge that I have read and understood this Consent to Share Information Form. I voluntarily provide this consent with full knowledge of its purpose and effect.

Consent Provider Details:

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

CONSENT PROVIDER SIGNATURE

Signature: _____

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