Consent form

Lawyers, accountants and consultants

Business name

CLIENT DETAILS

Full name

Phone number

Email

I CONFIRM THAT

- ☐ I agree that my data is processed to provide the services I asked for.
- ☐ I agree to be contacted by phone, email or message about my request.
- ☐ The information I have given is accurate and complete.
- ☐ I know I can ask to see, correct or delete my data at any time.

I agree that the business keeps the information in this form to provide the service and for as long as the law requires. I can ask to see, correct or delete my data at any time.

Client signature

Specialist signature

Date

Template from agendessa.com. A starting point, not legal or medical advice.