



DATA PROTECTION ACT 1998

I/We understand that the DAS Legal Expenses Insurance Company Limited, Amicus Legal Limited and other companies within the DAS group will use any information the I/we supply for the purpose of administering and underwriting this policy/scheme. It will also be used, if required, for the purpose of dealing with claims, for giving advice and assistance, and to update DAS group records.

I/we agree that information may be sent outside the DAS group for the same purposes. The information may be sent to lawyers and other experts, to a court, insurance intermediaries or insurance companies, and other specialists or providers of services to me/us or the DAS group. I/We also consent to information being sent outside the European Economic Area if necessary for dealing with this policy/scheme.

In addition, I/we agree that the information I/we have supplied may be used by the DAS group and its business partners to advise me/us of other products or services that may be of interest, including legal updates. The information I/we have supplied to the DAS group is confidential and will only be used for marketing purposes with my/our consent. If consent is withheld for these marketing purposes please tick this box.

Individuals can ask to see a copy of the information held about them by writing to The Group Data Protection Controller at the head office address. The DAS group will ask for an application form to be completed and a fee will be charged.

DECLARATION

I/We declare that I/we shall offer cover to each client in accordance with the Binding Authority Agreement and will supply Amicus Legal Limited with monthly bordereaux, if applicable and pay nett premiums due for a period of twelve months and any further period agreed.

I/we declare that all the above statements are true and correct and that no material information has been withheld and I/we agree that this proposal and declaration shall be incorporated in and will form part of a contract between me/us and Amicus Legal Limited and I/we shall accept a policy in the Company's usual form for this type of insurance.

Signature: (of person signing for and on behalf of the Agent)

Name:

Date:

Position in firm or company:

T 01206 731 998 **F** 01206 366 501 **E** enquiries@amicuslegal.co.uk **W** www.amicuslegal.co.uk