



**Authorization for Release of Personal Information and Records
Pursuant to section 33.1(1)(b) of the
Freedom of Information and Protection of Privacy Act R.S.B.C. 1996 c.165**

I _____, being 19 years of age or older, authorize
claimant's full legal name

the Motor Vehicle Sales Authority of British Columbia (the "VSA") to disclose information, including my personal information, related to my Motor Dealer Customer Compensation Fund (the "MDCCF") claim dated _____ with respect to my transaction with
date of your Claim Application

_____ to _____,
motor dealer's name *third party's full legal name*

so that this individual may:

- Enquire about the status of my MDCCF claim with the VSA;
- Receive copies of the correspondence from the VSA and MDCCF related to my claim.

Dated this _____ day of _____, 20____.
day month year

Claimant

(please sign in the presence of a witness)

Witness

(Any person over the age of 19 who is present at the signing of this document by the claimant except for the claimant and the third party that the authorization is given to)

Signature: _____

Signature: _____

Name: _____

Name: _____

Occupation: _____

Third Party

(The person whom you are authorizing to receive correspondence and/or make enquiries about your claim)

Name: _____

Signature: _____

Phone number: _____

Email address: _____

Mailing address: _____