



DATA DISCLOSURE AUTHORITY

To Whom it May Concern

Under the Data Protection Act 1998 and General Data Protection Regulation (2018) I	
(Name)	
Of	
With a date of birth of:	
And National Insurance Number of:	
hereby grant complete authority for Blesma The Limbless Veterans and its Nominated Agent(s) (Insert Named person(s))*	
to act on my behalf to receive personal and confidential information from**	
(Insert Organisation)	
on the subject of***	
and discuss such information with the organisation(s) shown above.	
Signature:	Name:
Date:	
Counter Signature by Blesma's Nominated Agent:	
Name and Appointment of Blesma's Nominated Agent:	
<p>Blesma The Limbless Veterans is committed to safeguarding your personal information. Your personal data is protected by UK Legislation, specifically the Data Protection Act 1998, the Electronic Communications (EC) Directive 2003 and the General Data Protection Regulation (2018). We aim to exceed our obligations by following best practice and reviewing our procedures regularly.</p>	
<p>* Nominated Blesma Agent ** Organisation or Agency *** Details of Information Required</p>	