

Consent Form

To – The Manager,

The Hongkong and Shanghai Banking Corporation Limited,

Colombo 01.

Date:

Full Name of Customer:

National Identification/Passport number:

Customer number:

Contact Number(s):

Preferred Product:

Preferred Contact Date :

Time :

I hereby authorize The Hongkong and Shanghai Banking Corporation Limited ('HSBC') to share the aforementioned Contact Number(s) and the Full Name with Allianz Life Insurance Lanka Ltd ('Company') in-order for the Company to share with me more details of the Insurance products/services the Company offers to HSBC customers.

I understand that HSBC does not sell any insurance products/services and shall not bear any responsibility whatsoever for any products/services offered/sold by the Company and the total responsibility and liability of the Insurance products/services offered/sold by Company shall rest with the Company.

Customer Signature