

Online Management Consent Form



Details of person requesting permission to view/edit your Elson online account

Full Name

Address

.....

.....

Post Code

Client No.

Your Details

Full Name

Address

.....

.....

Post Code

Client No.

Declaration

I confirm that the person requesting permission to view/edit the personal information in my Elson online account can: **(please tick one option)**

☐

View **but not** edit the information in my Elson online account.

☐

View **and** edit the information in my Elson online account

Your Signature

Date

Please send this form to:

Elson Associates plc, Freepost RSTZ-RRXE-GHEA, 5 Queen Street, Kings Hill, West Malling, Kent, ME19 4DA