

**Madeleine Moon MP**

**DATA PROTECTION AUTHORISATION FORM**

I hereby give my authorisation for my Member of Parliament, Mrs Madeleine Moon, to consult with the Border and Immigration Agency, and any other organisation/company she considers appropriate, and also receive any documentation/details/information etc. regarding the issue(s) which I have asked her to investigate, on my behalf.

I also give authorisation for Mrs Madeleine Moon to correspond and relay information to my representative

\_\_\_\_\_  
(name of organisation) \_\_\_\_\_  
(address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Print Full Name: (in capital letters)  
\_\_\_\_\_  
\_\_\_\_\_

Address:  
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\_\_\_\_\_

Postcode: \_\_\_\_\_

Date: \_\_\_\_\_