

## Privacy questionnaire

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I would prefer that Canadian Direct Insurance not use my personal information for the following purpose:

- to inform me of products or services that may be of interest to me.  
*This choice will not affect my eligibility for credit or other products and services.*

I understand that I can change my mind on these choices at any time.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please help us accommodate your privacy choices by providing your policy numbers for the products and services that you currently use. (*Refer to your policy statements for your policy numbers.*) Complete all that apply.

	<u>Policy Number 1</u>	<u>Policy Number 2</u> (if applicable)
Home	_____	_____
Auto	_____	_____
Travel	_____	_____

Thank you for your time.

Please mail or fax this notice to Canadian Direct Insurance to register your privacy choices.

**Please mail this form to:**

Canadian Direct Insurance Privacy Officer  
Suite 600  
750 Cambie Street  
Vancouver, British Columbia  
V6B 0A2

**Please fax this form to:**

Canadian Direct Insurance Inc.  
Attention: Canadian Direct Insurance Privacy Officer  
Toll-Free Fax: 1-877-515-4747  
Greater Vancouver Area Fax: (604) 699-3860

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