

# Information Sharing Consent

## Population Management Law

Employer Details	
Company Name:	
Business Address:	
Authorised Person(s):	

Employee Details																
Last Name:																
First Name(s):																
Date of Birth:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">(Day)</td> <td style="text-align: center;">(Month)</td> <td colspan="4"></td> <td style="text-align: center;">(Year)</td> </tr> </table>									(Day)	(Month)					(Year)
(Day)	(Month)					(Year)										
Address:																

I confirm that Population Management can discuss with the above Authorised Person(s) details of my residential circumstances and residence history in relation to the Population Management Law.

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