# Consent C: When I solicit offers in connection with job change

**Submission of offer (enquiry without health information but with treatment(s))**

By my signature, I consent to [receiving company], for the purpose of submitting an offer for the transfer of pension scheme with [relinquishing company], to *collect, process, and disclose* any such information as is required for that purpose.

***Disclosure of information to relinquishing company***

 [Receiving company] may in this connection disclose the following required information to [relinquishing company]:

* Personal information such as CPR number, name, and address.
* Acceptance date at the receiving company.
* Agreement type at the receiving company.
* Reference/agreement number at the relinquishing/receiving company.
* Current employer’s name and CVR number.

The information is disclosed with the exclusive purpose to allow [relinquishing company] to identify and disclose the required information to [receiving company]. The required information is indicated in the following.

***From whom can information be collected?***

[Receiving company] can apply this consent to collect information from [relinquishing company].

***To whom may the collected information be disclosed?***

[Receiving company] will, in connection with submitting the offer, disclose the collected information:

* *Others [state the name and other relevant contact information].*
* None.

***What types of information may be collected, used and disclosed?***

[Receiving company] can, with this consent, *collect, process and disclose* the following types of information:

* Termination date
* Earliest payment age.
* Risk sums.
* Repurchase clauses.
* Recording of the rights of any spouse.
* The original pension scheme creation date.
* Pension types and values.
* Sums deposited with the relinquishing company during the year of transfer.
* Pension yield tax information.
* Contribution scheme and payment progression requirements.
* Latest uninterrupted contribution period related to waiting period.
* Telephone number and email address.
* Family relations information.
* Information regarding current treatment(s) at relinquishing company.
* *Information regarding changes to standard benefits.*

***Withdrawal of consent***

I can withdraw my consent at any time with effect for the future. The withdrawal may affect [receiving company]’s ability to submit offers.

My consent shall cease at the moment when the offer submission has been executed.

Date: ………………………. Signature: ………………………………………………….