

Policy Application Consent Form

Date: _____

To Whom It May Concern,

I, **[Your Name]**, residing at **[Your Address]**, hereby give my consent for the application of **[Policy Name]** with **[Insurance Company/Organization Name]**.

I acknowledge that I have read and understood the terms and conditions associated with this policy and have had the opportunity to ask questions regarding its content.

By signing this form, I agree to the aforementioned policy application and authorize **[Insurance Company/Organization Name]** to process my application accordingly.

Signature: _____

Date: _____

If you have any questions, please feel free to contact me at **[Your Phone Number]** or **[Your Email]**.

Thank you for your assistance.

Sincerely,

[Your Name]