

Personal Information receive	ed.	
Client Name :		
Entity Contact:		
E-Mail Address		
Cell Phone Number		
Alternate Contact number (I	f applicable)	
Dear Client		
confirming information suppirrevocably agree and under	firm that you, as the person/entity/boolied and hereinafter collectively referstand that any/all information supplied with the sand conditions and in terms	red to as the "client", do hereby ed or given to the service provider, is
a contractual purpose to arra	ange for convenient booking of your	nal Information (PI), and is required for accident damaged vehicle for update as to progress on completion of
contracted Service Level Agr	red to transmit your contact informat eement with the motor manufacture on was conducted during the repair a lent.	r to confirm a customer satisfaction
	is PI as required to validate the warra rotected from access and not shared/	anty in the event of a claim but assure sold for illicit marketing purposes.
Yours Faithfully		
Customer Liason Officer		
Contact allowed via telephor	ne call and/or E-Mail to provide upda	te on repair progress YES / NO.
Confirmation of PI sharing to	independent CSI accrediting authori	ty Lightstone Consumer YES / NO
Client Signature	Client Name or Authorised	Date Of Authority
	Official/ Company Representative	•