



**Authorization for Release of Personal Information and Records  
Pursuant to section 33.1(1)(b) of the  
Freedom of Information and Protection of Privacy Act R.S.B.C. 1996 c.165**

I \_\_\_\_\_, being 19 years of age or older, authorize  
*claimant's full legal name*  
the Motor Vehicle Sales Authority of British Columbia (the "VSA") to disclose information,  
including my personal information, related to my Motor Dealer Customer Compensation Fund  
(the "MDCCF") claim dated \_\_\_\_\_ with respect to my transaction with  
*date of your Claim Application*  
\_\_\_\_\_ to \_\_\_\_\_,  
*motor dealer's name* *third party's full legal name*

so that this individual may:

- Enquire about the status of my MDCCF claim with the VSA;
- Receive copies of the correspondence from the VSA and MDCCF related to my claim.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
*day month year*

**Claimant**

(please sign in the presence of a witness)

**Witness**

(Any person over the age of 19 who is present at the signing of this document by the claimant except for the claimant and the third party that the authorization is given to)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Third Party**

(The person whom you are authorizing to receive correspondence and/or make enquiries about your claim)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_