

**The License Place Ltd.  
132 – 4 Avenue S.E.  
Medicine Hat AB T1A 7M9**

I, \_\_\_\_\_  
(Name)

**Hereby consent to the disclosure of my driver abstract/record, which is made from personal information in the Motor Vehicle Registry of the Province of Alberta, to:**

**SASKATCHEWAN MUTUAL INSURANCE COMPANY  
279 – 3<sup>rd</sup> Avenue North  
Saskatoon, SK S7K 2H8**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Alberta Driver License Number)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Signature)