

CONSENT FORM

TO: Save-On-Foods
19855 – 92A Avenue
Langley, British Columbia
V1M 3B6

Attention: Department: _____

Title/Name: _____

I, _____, hereby consent to the collection, use and disclosure of my personal information by Save-On-Foods, a division of Save-On-Foods Limited Partnership ("SOF") and its agents for the purpose of

and all matters related thereto. I furthermore acknowledge and agree that personal information used by SOF to make a decision that directly affects me will be held by SOF for a period of at least one (1) year.

(Customer/Employee) Signature

Print name

Address

Telephone No.

Date