



CONSENT FORM

Job Squad collaborates with Health Insurance Instantly, which provides international health insurance services.

I hereby consent to Job Squad sharing my data below with Health Insurance Instantly, and to Health Insurance Instantly contacting me for the purpose of advising me on international health insurance related to my upcoming stay abroad.

You may withdraw your consent at any time by contacting us via email at info@jobsqd.com.

Name: _____

Email address: _____

Phone number: _____

Date of birth: _____

Nationality: _____

Country of residence: _____

Digital signature: _____