**NUSRAT GHANI MP SURGERY FORM**

**Name:**

**Address:**

**Phone number:**

**Email address:**

**Please describe what you would like to speak to Nus about:**

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House of Commons

London

SW1A 0AA

I confirm that I give permission to pursue matters I bring to you. In order to do so you may use all information I provided about me, whether written or spoken and including sensitive personal information. I understand that you will do so in line with the requirements of GDRP and the Data Protection Act 1998.

**Signed:** .................................................................

**Date:** ........................................ (today's date)

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