

DECLARATION OF CONSENT

I hereby give my consent for the information provided in this form to be shared by Aġenzija Sapport with other government departments, authorities, agencies or entities with the aim to facilitate the provision of related services. I understand that Aġenzija Sapport will not disclose unnecessary information to other entities, and this will be done in conformity with the General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act (Cap. 586.).

The purposes of the processing of this information, is to process the application and the failure to submit information would result in the lack of processing of this application form. The personal data that has been collected in order to provide this service can be retained by Aġenzija Sapport for a period of until termination of service/ Death + 2 years. You have the right to request access to, rectification or erasure of personal data that has been collected for the purposes outlined within this application or object or restrict data processing of your personal information. You have the right to withdraw your consent at any time for the processing of data for one or more of the purposes outlined above, without affecting the lawfulness of processing based on consent before its withdrawal. Aġenzija Sapport has the right to keep on processing data that was recorded prior to the withdrawal of your consent, if this is necessary for the provision of services. You have the right to lodge a complaint in front of the information and data protection commissioner.

Aġenzija Sapport's data controller is the CEO. Aġenzija Sapport's data controller can be contacted on:

Address: Aġenzija Sapport, Patri Ġwann Azzopardi Street, Santa Venera, SVR 1614

Telephone number: (+356) 2256 8000

Email: gdpr.sapport@gov.mt

I hereby confirm that the provided information is correct, and I will inform Aġenzija Sapport about any changes regarding given information.

Name and Surname of Applicant

ID Number of Applicant

*Signature of Applicant

*Name and Surname of Parent or
Guardian

ID Number of Parent or Guardian

Signature of Parent or Guardian

Date

*Can be signed by the parent or guardian of the person with disability only in cases where:

- The person with disability is under 18 years or,
- The person cannot sign on his/her own behalf because of the nature of the disability.