

DATA SUBJECT CONSENT FORM¹

IN TERMS OF SECTION 11 OF
 THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)
 REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018 [REGULATION 2]

Names(s) and surname / registered name of
 the Data Subject:

(Mark the box with an "X".)

I confirm my consent to process my Personal Information by The Experts Register

For the purpose of:
 (Specify legitimate reason of processing
 Personal Information)

PROVIDING THE SERVICE REQUESTED

My / our Personal Information is as follows:

	DETAILS OF INDIVIDUAL
Registered names(s) and surname:	
Unique Identifier / Identity Number:	
Date of birth:	
Residential, postal or business address:	Code ()
Contact number(s):	
E-mail address:	
Relationship to Responsible Party:	

¹ For third party entities, an operator agreement must be entered into in relation to Personal Information processed by a Data Operator.

