

Declaration of consent for the processing of personal data

By submitting personal information to **Colonnade Insurance S.A. – Bulgaria Branch (“the Insurer”)** in connection with my statement to the Insurer and signing below, in compliance with the legal requirements for the express, prior, voluntary, specific and informed consent for the processing of personal data data,

I DECLARE:

1. I give my explicit consent **in accordance with the requirements of Art. 6 and Art. 13 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27.04.2016 on the protection of personal data** of Colonnade Insurance S.A. - Bulgaria Branch, UIC 204603407, with registered office and address: Sofia 1407, Cherni Vrah Blvd., 51B, fl. 2, FairPlay International Business Center, as the Personal Data Controller, to process my personal data in any manner permissible by applicable law, by automatic or other means, by being informed in a timely and exhaustive manner by the designated controller of the logic of each automated processing of my personal data in case it is applicable. The consent applies both to the personal data provided by me directly and to the data collected and / or received by the Insurer in fulfillment of the Insurer's legal obligations or from publicly available information registers.
2. I declare that I am familiar with the categories of personal data that the Insurer processes for me, namely personal data concerning:
 - Physical identity: three names, personal identification number, address (including email address), passport data, place of birth, telephone;
 - Physiological identity: blood type, blood count, plasma, ECG, other studies related to the functions of the human body;
 - Mental and psychological identity: status, documents regarding mental health;
 - Economic identity: bank account number;
 - Social identity: education, work, profession;
 - Family identity: marital status, family relations;
 - Other personal data relating to health in connection with the process of liquidation of damages
3. I expressly agree that my personal data mentioned above in this declaration shall be processed by the Insurer for the following purposes:
 - Financial and accounting activities;
 - Insurance;
4. I expressly consent to my personal data being disclosed for the purposes mentioned above to third parties - other personal data controllers registered by the Commission for Personal Data Protection of the Republic of Bulgaria, insofar as this information is necessary for the fulfillment of the assigned their functions; persons specialized in the processing of personal data; transferred to: EU / EEA countries, USA; third parties.
5. I declare that I am aware of the storage period of the personal data I have provided, namely: 7 years after the date of closing the claim.
6. I am familiar with my rights as a data subject, which I can exercise in respect of the categories of personal data processed by the Insurer by sending a written application signed by me to the following address: 1407 Cherni Vrah Blvd. 51B, fl. 2, FairPlay International Business Center, email: dpo@colonnade.bg, namely:
 - My right to object to the processing of my personal data or to the disclosure it to third parties;
 - My right to be informed before my personal data is first disclosed to third parties, and to object to such disclosure or use;
 - My right of access to my personal data and my right to declare to the Insurer the deletion, correction or blocking of (part of) my personal data stored in both paper and electronic form;

- My right to transfer the personal data from the Insurer to another administrator, insofar as the conditions for exercising this right are available and there is a technical possibility.
7. I declare that all information provided by me is complete and correct, and that I voluntarily provide my personal data and I agree that all and any of my personal data will be processed, as provided in this declaration, for the purposes explicitly stated in this declaration , being aware that my refusal to provide personal data is the reason for the Insurer to refuse to conclude insurance contract with me (if the purpose of the personal data is "concluding of insurance contract with the Insurer").
 8. I declare that I am aware that a Data Protection Officer has been appointed to the Insurer, with whom I can contact, at the following email address: dpo@colonnade.bg, telephone number: 02/930 93 30.
 9. I declare that I am aware of my right to withdraw my consent to the processing of my personal data provided on this statement.
 10. I declare that I am aware of my right to file a complaint with the Personal Data Protection Commission or the competent Bulgarian court in case of misuse of my personal data.
 11. I declare that I have been informed of the possibility of access to the Insurer's Privacy Policy, published at: <https://www.colonnade.bg/data-privacy-policy/>.

Signed by:
/all names and signature /

Date:/ /