

| CONSENT FOR PROCESSING PERSONAL DATA | |
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| I, the insured, declare that: | |
| <ul style="list-style-type: none">• I have been informed of the processing of my personal information by Aegean Insurance S.A.• I have been informed of my rights and the personal information that is retained. | |
| <ul style="list-style-type: none">• I expressly give my consent to the Company to process the following:<ol style="list-style-type: none">1. All personal information required for the proposal and issuance of the insurance policy and any additional data, special category data included passed to the Company, related to the insurance policy and any contractual agreement on the part of Aegean, in its normal course of business.2. All personal information and retain in electronic and/or other means. | |
| <ul style="list-style-type: none">• I am aware for the purpose of processing my personal data and the significance and the envisaged consequences of not giving my consent, resulting to termination of the insurance policy. | |
| Date | The declarant (Full Name & Signature) |
| ___/___/___ | _____ |