



## Statement of Consent for the Processing of Personal Data

I, the undersigned .....(Name & Surname)

VAT No..... Address..... (Street & Number)

.....(Postal Code), .....(Town, County)

Phone Number:.....Mobile Phone :.....

E- Mail :.....

### I declare that:

**I am aware that** Vester Insurance Agent (hereinafter referred to as VESTER), which mediates insurance business, implements and fully complies with the applicable legislation on the Protection of Personal Data, both regarding Law 2472/1997 and EU Regulation 679/2016 .

**I am aware that** VESTER, in order to provide me with insurance mediation services, is required to collect the following categories of Personal Data, insofar as it is necessary for my management as a client, namely:

Identity data: name, surname, date of birth, identity card or passport number, AMKA, VAT number, tax declaration or tax authorities' clearing notes, etc.

Communication data: email address, mailing address, phone numbers, etc.

Data required for contract preparation and management (which may include Sensitive Personal Data): thus, information necessary for risk assessment, implementation and management of the insurance contract, depending on the type of insurance cover provided: for example, information may be included regarding the economic situation and the goals of the Subject of the personal data, its health data, information related to its driving behavior, personal data of the insurance beneficiary, if different from the insured, etc.

Payment data: bank accounts, subject's bank cards, etc.

Data necessary for the management of insurance claims: e.g. personal data of customers or third parties accompanying or related to the claim for insurance, as a result of the occurrence of an insured risk.

Other Data publicly available: e.g. public databases, internet, etc.

**I am aware that** VESTER collects, registers and processes my personal data and any sensitive personal data I disclose to VESTER, processing on the account of the insurance companies they co-operate with, but also for my account at the stage of applying for insurance contract or during of an insurance contract or when a claim for insurance is made, mainly for the following reasons and purposes:

- Placement of insurance production to an insurance company, through the insurance applications assigned to VESTER
- Managing my insurance contract
- Provide help and support to me as the insured person, in managing claims
- Compliance with applicable laws and regulations in general, in order to provide comprehensive insurance mediation services

**I am aware of and I have been informed** of how to exercise my rights under the applicable data protection legislation and the European General Data Protection Law.

**VESTER S.A.**

**Main Offices:** Valaoritou 17, 10671 Athens, **Tel.:** 2103259811, **Fax:** 2103210684, **e-mail:** [info@vester.gr](mailto:info@vester.gr)

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I am also aware of the fact that Vester has the right to collect, transmit and process my data that originates and / or derives from its cooperation with other insurance intermediaries on its network of partners (e.g. insurance consultants, agents, brokers etc. with whom maintains valid contracts of cooperation in the service of its clientele).

I am aware of, accept and allow occasionally VESTER to communicate with me for the following reasons and purposes:

❖ To inform me via a newsletter about developments in the insurance sector and development of her services  
If you wish to communicate for the above purpose, please select , otherwise we will interrupt any communication with you for this purpose.

❖ To inform me in detail about insurance plans, insurance products provided through her and with co-operating insurance companies  
If you wish to communicate for the above purpose, please select , otherwise we will interrupt any communication with you for this purpose.

❖ To remind me of the expiry date of my insurance contracts and to ensure that they are renewed  
If you wish to communicate for the above purpose, please select , otherwise we will interrupt any communication with you for this purpose.

❖ In order to be informed about the level of my satisfaction as a customer from the provision of services either by telephone or by sending a questionnaire  
If you wish to communicate for the above purpose, please select , otherwise we will interrupt any communication with you for this purpose.

Please select how you would like to communicate with us, by stating your personal details accurately:

E-mail .....

Mobile Phone Number / Text Message (SMS) .....

I have been informed that, in respect to the VESTER update / communication for the above purposes, I have the right to modify or withdraw my consent at any time, using the options of exit - non-participation / registration, by sending a relevant request to the e-mail address [dpo@vester.gr](mailto:dpo@vester.gr)

By signing this statement I acknowledge that VESTER will process my personal data only with my consent and in accordance with the terms described in this General Data Protection Statement and I consent to the collection and processing of my personal data in accordance with the General Data Protection Policy.

Signature: \_\_\_\_\_ Full name: \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_\_

Note: For your convenience, we will only ask you to sign this Agreement once and we will apply your statements to all the processes made by VESTER SA.