



**STATEMENT OF CONSENT FOR CHILD’S PERSONAL DATA PROCESSING**

**Information on the parent/guardian**

Name and Surname:.....

Address:.....

Date of birth:.....

E-mail:.....

Phone number: .....

**Information on the child**

**Child 1**

Name and Surname:.....

Address:.....

Date of birth:.....

Signature (if over 14 years old):.....

**Child 2**

Name and Surname:.....

Address:.....

Date of birth:.....

Signature (if over 14 years old):.....

In my capacity as a parent/guardian I agree the child’s personal data (regular and health related) to be processed by Marins International AD, to be collected, stored and processed for the purpose of providing the services under the insurance intermediation contract including the purchase and servicing of the insurance contract.

I guarantee the personal data provided by me is correct.

I am familiar with and I accept the Privacy Policy of Marins International published on their website-  
[www.marins.bg](http://www.marins.bg)

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**Signature (parent/guardian)**

**Place and date**