

**DECLARATION OF APPROVAL
for the processing and transfer of personal data**

The Undersigned,

Name:

Date of birth:

Mother's name:

Address:

EXPRESSLY CONSENT

to ERIX Biztosítási Alkusz és Tanácsadó Korlátolt Felelősségű Társaság (registered seat: 1096 Budapest, Vendel u. 11) as Data Controller processing my personal data obtained in connection with the entry into and the administration of a health insurance contract for foreign self-financing students of the Budapest University of Technology and Economics and my personal data and special personal data that I have provided, sent and delivered to ERIX Kft. and to transferring the same to Groupama Biztosító Zrt. (1146 Budapest, Erzsébet királyné útja 1/C) as a third party.

By adding my signature I acknowledge that I have read the Privacy Policy of ERIX Kft.as Data Controller, available at <https://www.erix.hu/> and that I have understood those therein contained and being aware thereof, I give my voluntary and express consent to the processing of my personal data pursuant to Article 6 (1) (a) of Regulation (EU) 2016/679 of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data and on the free movement of such data, and repealing Regulation (EC) No 95/46/EC (GDPR).

I am aware that ERIX Kft. as Data Controller ensures my rights as data subject under the legislation in effect and I am aware that I may withdraw this consent, which does not affect the legitimate nature of processing carried out up to that date.

Date:

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Signature of the declarant