

PERSONAL DATA PROCESSING AUTHORIZATION

By signing this document, I declare that I have been informed by PREMIUM CARE PLASTIC SURGERY S.A.S of the following:

1. PREMIUM CARE PLASTIC SURGERY shall act as Responsible for the personal data processing of which I am the holder and which, jointly or separately, may collect, use and process my personal data according to the Company's Personal Data Treatment Policy, available at <http://premiumcarecirugiaplastica.com/nosotros/politica-de-proteccion-de-datos/>
2. Have made available to me the email info@premiumcareps.com for the attention of requirements, related to my personal data treatment and the rights mentioned in this authorization.
3. My data will be used exclusively for the development of the PREMIUM CARE PLASTIC SURGERY's corporate purpose, as a legal person that provides health services, as well as for administrative, commercial, promotion and contact purposes with the holders thereof.
4. My rights as the data holder are those provided in the Constitution and the law, especially the right to know, update, rectify and delete my personal information, as well as the right to revoke the consent granted for the personal data processing. These rights can be exercised through the channels arranged by the company for the public attention and observing the Personal Data Treatment Policy, available in <http://premiumcarecirugiaplastica.com/nosotros/politica-de-proteccion-de-datos/>
5. It is voluntary to answer questions about sensitive data or under-ages data, and that the latter will be treated with respect for their fundamental rights and superior interests.
Paragraph: Sensitive data, those that affect the Holder privacy or whose abuse may generate discrimination.
6. PREMIUM CARE PLASTIC SURGERY S.A.S guarantees the confidentiality, freedom, security, truthfulness, transparency, access and restricted circulation of my data and reserve the right to modify its Personal Data Treatment Policy at any time. Any changes will be informed and published in a timely manner on the website.

Taking into account the above, I voluntarily authorize PREMIUM CARE PLASTIC SURGERY SAS to treat my personal data in accordance with the Company's Personal Data Processing Policy and for purposes related to its corporate purpose, as described in the Policy. The information obtained for the processing of my personal data, I have provided it voluntarily and truthful.

In case we don't receive any response within the next 30 days, we will assume that you agree to be part of the PREMIUM CARE PLASTIC SURGERY SAS database in compliance with the Personal Data Treatment Policy and the authorization.

Nombre: _____

Identificación: _____

Firma: _____

Fecha: _____