

SCHEDULE

CONSENT FORM – DATA PROTECTION

I, _____ being an Employee/ Customer / Client of **Zamara** hereby state and confirm that:

- i) I have read and understood the contents of Zamara’s Privacy and Data Protection Policy a copy of which was provided to me;
- ii) I hereby consent to the collection of my data by Zamara for the purposes specified to me, including for its records and use;
- iii) I hereby acknowledge that my personal data may be shared with third parties including but not limited to third party service providers for their use, upon notice;
- iv) I hereby consent to such sharing of information by Zamara with third parties for the purposes of fulfilling various contractual obligations;
- v) I acknowledge that Zamara shall not be held liable for such processing of shared information by third parties and that the appointed third parties have the obligation with Zamara to protect such information shared with them;
- vi) I hereby consent to the use of my personal data in the day to day operations of Zamara.
- vii) I hereby consent to the use of my personal data for research purposes by Zamara, in an anonymized manner
- viii) I hereby consent to the storage of my personal data collected by Zamara.
- ix) I acknowledge that I have signed this consent of my own free will and volition, without coercion or influence whatsoever.

Name: _____

Signature: _____

Date: _____

Notes:

- 1. Zamara refers to Zamara Actuaries, Administrators & Consultants Limited; Zamara Risk & Insurance Brokers Limited; or Corporate & Pension Trust Services Limited – as appropriate or together and their affiliated entities
- 2. Data includes reference to Personal Data and Sensitive Personal Data as defined under the Data Protection Act, 2019