

Information Sharing Consent Form

I	position / Rank	of MT	hereby give my permission for <i>Falcon</i>
Naviga	tion Shipmanagement SA	to share persona	al information with other service providers in
connect	tion with my care, including	accessing and sl	haring my medical, and if applicable, mental
health a	and criminal records. I agree	e to a referral beir	ng made to Wallem Maritime Services INC,
in order	to support my needs. I un	derstand that <i>Fal</i>	con Navigation Shipmanagement SA may
hold info	ormation gathered and shar	e about me from/	to various agencies for employment purpose
and as	sych my rights under the GI	OPR will not be aff	ected.

Statement of Consent:

- I understand that personal information is held about me.
- I have had the opportunity to discuss the implications of sharing or not sharing information about me.
- I agree that personal information about me may be shared with the following.
 - Manning Agency, where I have dropped my application for job on board vessel.
 - P&I club, for embarkation / disembarkation and medical issues.
 - Software providers for data recording / training
 - Authorities
 - Travel Agency, for ticket issuing related to my embarkation / disembarkation
 - Insurance company, for Medical Care program for me and my family
 - Auditors, for principal's compliance with relevant regulations.
 - Training centres, for my training related to my employment and certification.
 - Vessel's Flag, as required for my documentation in order to join on board vessel.
 - Future employer, for reference purpose (if requested).
 - Union, where seafarer will belong (Company's preference)

and gathered from the following:

- Manning Agency, where I have dropped my application for job on board vessel.
- Personally
- Ex-employer, for reference purpose (if required)

Are there any agencies / organizations you do not want us to share or gather additional information with? Please list them here:

I agree to my information being shared and gathered between services



Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent please contact: dpo@falcon.gr

Name		
Address		
Post code	Date of Birth	
Signature		
Date		
Signature of profes	sional	
Print Name		
Agency / service	Wallem Maritime Services Inc.	