FALCON
NAVIGATION SHIPMANAGEMENT S.A.

Information Sharing Consent Form

I _____ position / Rank _____ of MT _____ hereby give my permission for ***Falcon Navigation Shipmanagement SA*** to share personal information with other service providers in connection with my care, including accessing and sharing my medical, and if applicable, mental health and criminal records. I agree to a referral being made to ***Wallem Maritime Services INC,*** in order to support my needs. I understand that ***Falcon Navigation Shipmanagement SA*** may hold information gathered and share about me from/ to various agencies for employment purpose and as sych my rights under the GDPR will not be affected.

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

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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 professional _____

Print Name _____

Agency / service **Wallem Maritime Services Inc.**