

## DECLARATION OF CONSENT

Date: \_\_\_\_\_

Place: \_\_\_\_\_

The undersigned

Name and Surname or Company name:

\_\_\_\_\_

The information on personal data processing (Art. 13 of European Regulation 2016/679) according to the purposes mentioned below, for which my consent is not requested, has been received from Data Controller **EVERmed S.R.L.**, and has been read and understood:

- Fulfilment of obligations regarding taxation;
- Suppliers management;
- Controversy management and Credit management;
- Obligations established by the law in force;

Acknowledges that the processing of my personal data is necessary:

- To carry out the requested services

Signature of the Data Subject \_\_\_\_\_