

Consent to personal data processing

Hereby I

(Surname, Name, Patronymic name (stated in full))

(type of the primary identity document, number, information on the date of issue and the issuing authority)

(registration address)

give my consent to processing by “**Sovcombank Insurance**” (**JSC**) located at the following address: 196084, Saint Petersburg, Moskovsky prospekt, 79a, lit. A, (hereinafter referred to as the “**Insurer**”) of my personal data:

- (I) surname, name, patronymic, e-mail address (addresses), telephone number(s), place of residence, registration address for the purpose of obtaining information about the services of the Insurer and the services of the Group of Companies, which includes the Insurer, promotion of services by any means (including sending of short text messages (SMS) via the networks of mobile radiotelephone communication and by way of making direct contacts with me using technical means of communication), invitations to the events, assessments, examinations and surveys aimed at improving the quality of customer service. This consent is a consent given by me based upon Clause 1 of Article 18 of Federal Law dated 13.03.2006 No. 38-FZ "On Advertising";
- (II) surname, name, patronymic, place of residence, registration address, passport data and data of other identification documents, data of the driver’s license, information on the medical condition (including medical confidentiality in accordance with Clause 1 of Article 13 of Federal Law "On fundamental healthcare principals in the Russian Federation"), property owned, e-mail address (addresses), telephone number(s), photo and video images, voice, e-mail address (addresses), telephone number(s), other personal data specified in the insurance application, insurance contract and/or other documents submitted by me for the purpose of concluding or executing the insurance contract (policy) as well as checking the quality of the provision of services and settling losses under insurance contracts, administering insurance contracts, collecting statistical information and its analysis pursuant to the legislation of the Russian Federation;
- (III) surname, name, patronymic, place of residence, registration address, passport data and data of other identification documents, data of the driver’s license, property owned, e-mail address (addresses), telephone number(s) for the purpose of internal document management within the group of companies which includes the Insurer, inter alia using electronic means of communication;

In order to achieve the purposes specified in Cl. (I), Cl. (II) and Cl. (III) hereof, I authorize the Insurer to entrust processing of the said Personal Data to the third parties involved by the Insurer on a contractual basis, the list of which is posted on the official website and can be altered/amended by the Insurer unilaterally in the information and communication network Internet at: <https://sovcomins.ru>.

I confirm that in order to achieve the purposes specified in Clauses (I), the Insurer shall be entitled to transfer (provide, give access to) my personal data to third parties, namely:

- LLC "FreeAtLast" (OGRN 1127746335530, INN 7703767395, Registered office: 123056 Moscow, ul. Tverskaya, 23, bldg. 1
- PJSC “Sovcombank”, 156000, Kostroma Region, the city of Kostroma, prospekt Tekstilshchikov, 46;

I confirm that in order to achieve the purposes specified in Clauses (II), the Insurer shall be entitled to transfer (provide, give access to) my personal data to third parties, namely:

- PJSC “Sovcombank”, 156000, Kostroma Region, the city of Kostroma, prospekt Tekstilshchikov, 46;
- National Association of Liability Insurers, 115093, Moscow, ul. Lyusinovskaya, 27, bldg. 3, - to Russian Association of Motor Insurers, 115093, Moscow, ul. Lyusinovskaya, 27, bldg. 3,
- “OSG Records Management Centre” LLC, 127083, Moscow, ul. Vos’mogo Marta, 14, building 1,
- LLC "TELOS ARCHIVE". 194044, Saint Petersburg, ul. Mendeleevskaya, 9, premise 16H, office 42,
- vehicle service companies, other Insurer’s vendors, carrying out repairs, maintenance of vehicles, pharmacy, medical care and other services with which the Insurer has a contractual relationship in order to fulfill the obligations under the concluded insurance contract and receive data about me from these organizations. The list of the above mentioned organizations is posted on the official website and can be changed / supplemented by the

Insurer unilaterally on the Internet at: <https://sovcomins.ru>. At the same time, I agree that employees of medical and pharmacy organizations are released from confidentiality obligations to the Insurer in relation to my personal data.

I confirm that in order to achieve the purposes specified in Clauses (III), the Insurer shall be entitled to transfer (provide, give access to) my personal data to third parties, namely:

- PJSC "Sovcombank", 156000, Kostroma Region, the city of Kostroma, prospekt Tekstilshchikov, 46;

Transfer of my Personal data to other persons or other disclosure thereof shall only be carried out with my written consent.

I hereby give my consent that the Insurer shall obtain information from the main part of credit reports in accordance with Federal Law No. 218-FZ "On Credit Reports" dated 30.12.2014 and all other information provided with my consent and stored in the credit bureau, for the purpose of concluding and/or executing an insurance contract, as well as to obtain, if required, additional information and documents in any authorities/organizations, including government authorities and organizations, compulsory medical insurance funds, medical and social assessment institutions, for the purpose of concluding and/or executing an insurance contract regardless of the term and/or period of insurance. The right to choose a credit bureau shall be granted by me to the Insurer at its discretion and shall not require additional approval from me.

This consent to processing of personal data shall be given for a period of 10 years, exceeding the term of the contract with the Insurer and any legal relationship arising in connection with the fulfillment (non-fulfillment, improper fulfillment) of the terms of the contract with the Insurer.

I understand that I shall be entitled to revoke this consent at any time by sending a written application on withdrawal of consent to processing of personal data at the following address: Russia, 196084, Saint Petersburg, Moskovsky prospekt, 79a, lit. A, to the person responsible for organizing the processing of personal data of Sovcombank Insurance (JSC). In this case, the Insurer shall cease processing of the Personal Data and destroy them. The Insurer shall be entitled to continue processing of the Personal Data without the consent of Personal Data Subject if there are grounds provided for by the legislation.

(Signature)

Surname, Name, Patronymic name (stated in full)

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