

## AUTHORISATION TO PROCESS PERSONAL DATA

I hereby state that after being explicitly and unequivocally informed, I voluntarily authorize Grupo Empresarial Promotora Médica Las Americas to be responsible to process my personal data in accordance with the group's data processing policy for the purposes of its corporate object and especially for contract, commercial and loyalty purposes described in the same data processing policy.

I am aware that my data recorded in Grupo Empresarial Promotora Médica Las Americas' database include among others, names and full last names, identification, address, telephone numbers, e-mails and date of birth. In any case, at any given time and pursuant to law 1581 of 2012, I may revoke this consent and exercise my right to suppress my personal data.

I understand that in case I wish to know, update, rectify or apply for data suppression, I may contact the officer in charge of the protection of my data at Diagonal 75 B No. 2A 80/140 Oficina 216 La Mota and/or at [protecciondatospersonales@lasamericas.com.co](mailto:protecciondatospersonales@lasamericas.com.co)

I agree to have knowledge of the privacy notice and the mentioned data processing policy available on <http://www.lasamericas.com.co>. Likewise, I authorize Grupo Empresarial Las Americas to modify or update contents in the event of legislative amendments, internal policy reforms or new requirements to provide or offer services or products after having duly posted such matters on Grupo Empresarial Las Americas' webpage. I have submitted this authorization voluntarily and it is the truth.

Signed on \_\_\_\_\_, (d) \_\_\_\_\_ (m) \_\_\_\_\_ (y) \_\_\_\_\_

Signature

Nmea

ID #

I authorize            YES \_\_\_\_    NO \_\_\_\_