



Merlion Shipping Ltd.
since 1998

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CONSENT FORM

Consent to the release of information under the provisions of the Data Protection Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data.

I, _____ (Full name in Block Letters) hereby consent to the collection, processing, storing, transmission and use by MERLION SHIPPING LTD. (the Agency) of my personal data which includes, but is not limited to: passport and seaman's book details, qualifications and training records, medical certificates, drug and alcohol test results, contracts of employment, data related to payment of wages, bank details required for the transmission of home allotments and final wage accounts, information about hours of work and rest, and any other information that the Agency may legally be entitled to collect in order to enable the Agency to perform its contractual obligations in respect of the Seafarer's employment.

I understand my right to request access to such personal data which is being kept by the Agency, as well as my right to request correction or rectification of such information. Furthermore, I understand my responsibility to provide accurate and up-to-date information to the Agency.

Subject always to any mandatory requirement of any law, the Agency may provide my personal details for legitimate purposes to governments, immigration and other competent authorities and/or, as may be required by law, ship owner, ship's agents, travel agents, airlines, port state control, police, flag states, ship's charterers and operators, and clinics and doctors conducting pre-employment medical examinations, as may be required by the relevant party, including but not limited to: by means of client portals, secure websites and/or internet secure sites.

Without prejudice to the data protection laws allowing such transfer of information, in the case of emergencies, I give explicit consent to the ship owner, the Agency and/or their servants or



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agents to provide personal data, including medical information, to ship's agents, shore side doctors, the ship owner, managers, charterers, insurers and advisors, as may be necessary for the purposes of dealing with said medical emergency.

These provisions do not restrict the Agency from disclosing personal data where required or allowed to do so by law. This includes cases of national or public security, commission or prevention of criminal offences and/or legal proceedings.

I understand my right to withdraw this consent at any time and I am aware that this may result in an inability of the Agency to fulfil its obligations in respect of the employment contract.

I confirm that I have read and understood the contents of this consent form.

Full name: _____

Signature: _____

Date: _____