

## **CONSENT FORM**

<ol> <li>I, the undersigned, personal data of myself will be shared with an Organization for Migration (hereinafter, "IOM").</li> </ol>	, understand that the nd processed by the Internationa
2. I hereby authorize IOM and any authorized per IOM to transfer the personal data of myself a organization which will directly assist me in my (here	nd my dependents to the partner
organization").	
3. I am aware and agree that my personal data will IOM and/ or the partner organization in order reintegration process.	
<ol> <li>IOM and/ or the partner organization will comprinciples and retain the personal data it confidentiality and security.</li> </ol>	
<ol><li>IOM and/ or the partner organization will not of without my consent.</li></ol>	disclose it to any other third party
<ul> <li>6. I confirm that: <ul> <li>a. I have been informed about the specified and additional purpose(s) for which my personal data will be collected, used and disclosed, as described above.</li> <li>b. I understand that my personal data may be used and disclosed for secondary purposes that are necessary to achieve the above described specified purpose(s).</li> <li>c. I understand that I may access and rectify my personal data on request by contacting IOM.</li> <li>d. I understand that withdrawal of my consent may result in IOM or the partne organization being unable to provide me with a service for my benefit.</li> <li>e. I understand the contents of this informed consent form after: <ul> <li>Having read the above clauses: YES/NO</li> <li>The above clauses have been translated or read to me: YES/NO</li> </ul> </li> <li>f. I voluntarily make this declaration and freely consent to transfer of my persona data to IOM and / or to the partner organization.</li> </ul> </li> </ul>	
Beneficiary name:	Date of Birth:
Date:	_

Signature: