



## AUTHORIZATION FOR THE PROCESSING OF PERSONAL DATA

TCDS MEDICAL S.A.S is responsible for the processing of personal data and its identification and contact details are:

Company name: TCDS MEDICAL S.A.S NIT: 901754513-0. Address: Medellin, Antioquia, Colombia. Contactos: 3176397627-3108570217. E-mail: [contacto@tcdsales.com](mailto:contacto@tcdsales.com).

TCDS MEDICAL S.A.S, in compliance with the provisions of Law 1581 of 2012 on the protection of personal data, which aims to "Develop the constitutional right of all persons to know, update and rectify the information that has been collected about them in databases or files.... "informs all its customers, suppliers, employees, allies and other persons who are or may become owners in their databases, that TCDS MEDICAL S.A.S, respects the confidentiality and security of the information; for this reason it is concerned about preserving the data that you provide us directly or through the use of electronic media, among other mechanisms. Therefore, TCDS MEDICAL S.A.S in the development of its corporate purpose, its economic activity and its relationships with third parties, meaning customers, employees, suppliers, accesses their personal data (name, identification document, address, email, telephone and others) and will collect, store, use, circulate or delete them according to the purposes determined below. TCDS MEDICAL S.A.S. informs the holders of personal data, their rights, namely: To know, update and rectify the personal data against the data controller and/or data processor, to request proof of the authorization granted to the data controller, to be informed by the data controller regarding the use given to the data, to file complaints before the Superintendence of Industry and Commerce for violations of the provisions of Law 1581 of 2012, revoke the authorization and/or request the deletion of the data when the treatment does not respect the principles, rights and constitutional guarantees described in the aforementioned Law, exercise consultations or claims and access free of charge to the personal data object of treatment.

I also declare that I am aware of the optional nature of answering questions that deal with Sensitive Data or Data of minors.

**First and Last Name:**

**Cedula:**

**DO YOU AUTHORIZE THE PROCESSING OF YOUR PERSONAL DATA? \_**

**I have provided the information for the processing of my personal data voluntarily and it is true.**

**SIGNATURE:**