Courtesy translation. The Spanish version of this document is the legally binding one. If the two versions differ, the Spanish version prevails.

Personal Data Processing Authorization

Law 1581 of 2012 · Decree 1074 of 2015

Data subject

Full name _____

ID / passport type & number _____

Nationality _____

Phone / WhatsApp _____

Email _____

Service hired _____

Authorization

I, the data subject identified above, give my prior, express and informed authorization to **Leida Milena Romero González**, C.C. No. 53.054.537, trading as **Puente Bogotá**, Cra. 50a #123a-48, Bogotá D.C., Colombia, puentebogota@gmail.com, +57 311 348 5952 (the "Controller"), to collect, store, use, share and delete my personal data in order to: (i) provide the services I hire; (ii) share only the information that is strictly necessary with the public bodies, notaries, attorneys, official translators, real estate agents, banks and healthcare providers that the service requires or that I indicate; (iii) bill, collect payment and meet legal obligations; (iv) handle requests and complaints; and (v) send me messages about the service.

I have been informed that: processing follows the Personal Data Processing Policy at puentebogota.com/es/legal/politica-de-datos.html; I have the right to know, update, rectify and delete my data, request proof of this authorization, revoke it, and complain to the SIC; and I am not required to authorize the processing of sensitive data or of children's data.

Special authorizations (mark with an X)

- ☐ **Sensitive data (health):** I explicitly authorize the processing of my health data (appointments, EPS or prepaid plan, referrals, diagnoses, results) solely for the medical accompaniment or interpreting I request. I understand this is sensitive data and that I am not required to provide it.
- ☐ **Children's and adolescents' data:** as parent or legal representative, I authorize the processing of the following minors' data, solely for the requested procedure and respecting their best interests and fundamental rights:

Minor's name(s) and ID _____

Relationship / capacity as representative _____

- [ ] **International transfer:** I authorize the transmission and/or transfer of my data to the Controller's technology providers (Google, WhatsApp/Meta, the hosting provider), which may store it outside Colombia, and to any foreign authority the procedure requires.
- [ ] **Marketing messages (optional):** I agree to receive information about new services by WhatsApp or email.

Data subject's signature
Name:
ID:

Date and place
City:
Fingerprint (optional):