**Confirmation of material assets (gifts, prizes) receipt by the Beneficiaries**

**under the Charity Program of**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(state the Charity Program)**

**and Consent to the Beneficiaries’ (Beneficiary Representatives’) Personal Data Processing**

*of gift packages received by the Beneficiaries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the institution covered by the Charity Program)*

*during the charity program «The New Year Eve Parties together with CPC, 2022» as per the contract № \_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_ 2021*

Every Beneficiary/parent or another legal representative of Beneficiary by putting his\her signature in the graph of this list across surname, first name and patronymic of the Beneficiary confirms the following:

1. that the Beneficiary has received one gift package of the following contents:

The contents of the gift package:

|  |  |  |
| --- | --- | --- |
| # | Description of the goods | Q-ty |
| 1 |  | 1 |
| 2 |  | 1 |

**2**. authenticity of Beneficiary’s personal data (and personal data of his parent or another legal representative) specified in the list as well as gives \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (entity or administrator name), his\her consent for processing the personal data to be done using computerized resources, or without using such resources, including the collection, recording, filing, accumulation, storage, clarification, extraction, utilization, transfer (distribution), depersonalization, blocking, deleting and elimination within 1 (one) year from the date this list is signed with the view of accounting and monitoring of cash facilities spent for conducting this Сharity program.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| № п/п | Beneficiary’s full name | Benefi-  ciary’s date of birth | Full name of Beneficiary’s parent or another legal representative (in case of Beneficiary has not reached 14 years of age) | Passport details (number, series, who issued and when) of Beneficiary or Beneficiary’s parent or another legal representative | Signature | Date |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

By signing this document Administrator acknowledges its completeness and accuracy.

Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Signature, seal*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*Full name of the Head*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Date)*