**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**

By signing this form next to his/her full name each Beneficiary (lawful representative of the Beneficiary) confirms the following:

1. Receipt by the Beneficiary of the following material assets:

|  |  |  |
| --- | --- | --- |
| **No.** | **Description**  | **Quantity** |
| 1 |  |  |
| 2 |  |  |

1. Authenticity of the personal data of the Beneficiary and lawful representative of the Beneficiary *(if applicable)* stated in this form, as well as gives his/her consent to (*state the Administrator Organization, TIN of the organization), Caspian Pipeline Consortium-R, TIN 2310040800 and its contractors/agents* to the Beneficiary’s and the Beneficiary’s lawful representative’s *(if applicable)* processing by automation tools or without those, including collection, recording, systematization, accumulation, storage, updating, retrieval, use, transfer (dissemination), depersonalization, blocking, deletion and destruction within 3 (three) years from the date of signing of this form for the purposes of recording and control of the monetary funds used for the Charity Program, its promotion and development.
2. Consent for use by \_\_\_\_\_ *(state the Administrator organization, TIN of the Organization*), *Caspian Pipeline Consortium-R, TIN 2310040800* and its contractors/agents the Beneficiaries’ photo and video materials, as well as to use of the created together with the Beneficiaries photo and video materials in the absence of any additional consent to such use and free of payment of any remuneration for such use, including use in mass media, with the right of assignment of the right to use the said photo and video materials to third parties.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. | **Full name of the Benefi-ciary** | **Benefi-ciary’ date of birth** | **Actual residential address of the Benefi-ciary** | **Full name of the Beneficiary’s lawful representative** | **Telephone number of the Beneficiary’s lawful representative** | **Date** | **Signa-ture** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |