



**OCCUPATIONAL PENSION FUND OF TSAKOS  
MARITIME ENTERPRISES AND ASSOCIATES-  
LEGAL ENTITY OF PRIVATE LAW**

Megaron "MAKEDONIA" 367 Syngrou Avenue, Paleo Faliro, GR- 17564, ATTICA,  
TEL.: 2109474000 ext. 316 – FAX: 2109480995, email: [info@tmea.gr](mailto:info@tmea.gr), [www.tmea.gr](http://www.tmea.gr)

**Fund Register Number**

(to be filled in by the Fund)

**APPLICATION FOR REGISTRATION – CENSUS FORM**

**I. Personal details of Member**

|   |                     |   |                     |
|---|---------------------|---|---------------------|
| Surname (as indicated on the identity card) | Name                | Date of birth (dd/mm/yyyy)              | Gender              |
| _____                                       | _____               | _____                                   | _____               |
| Father's name                               | ID No./Passport no. | Passport's expiry date                  | Nationality         |
| _____                                       | _____               | _____                                   | _____               |
| Taxpayer Identification No.                 | TIN Country         | Tax Office to which tax return is filed | Social security no. |
| _____                                       | _____               | _____                                   | _____               |

**Contact details**

**Mailing address:**

|                 |           |                   |        |
|-----------------|-----------|-------------------|--------|
| Street & Number | Postcode  | City & Prefecture |        |
| _____           | _____     | _____             |        |
| Mobile Phone    | Residence | Business          | E-mail |
| _____           | _____     | _____             | _____  |

**Supplementary details**

|                                |  |
|--------------------------------|--|
| Current Social Security Agency | Year of first-time classification under Social Security Agency of Main Insurance |
| _____                          | _____  |

**II. Employer's details**

|                           |              |                    |                       |
|---------------------------|--------------|--------------------|-----------------------|
| Employer's corporate name | Payroll code | Date of employment | Service of employment |
| _____                     | _____        | _____              | _____                 |

**Kind of cooperation with the Group**

1. Office Employee     2. Chief Executive Officer or member of Board of Directors     3. Personnel   
(on the basis of employment contract or independent service relationship or works contract, as well as lawyers with mandate relationship or contract)
4. External associate     5. Seafarer

✓ **The fields "Employer's corporate name" and "Kind of cooperation with the Group" will be filled in by the applicant while the remaining fields of this category will be filled in by the Fund.**

**III. Contribution amounts**

Pursuant to article 19 of the Articles of Association, the amount of ordinary contribution of a person insured for the business of lump-sum indemnity (optional) is established as follows:

Minimum contribution: €30.00 - Maximum contribution: €5,000.00 (USD equivalent, per month)

**AMOUNT OF MONTHLY CONTRIBUTION\***

Fill in the monthly amount (in €/USD) of contributions you wish for the Lump-sum indemnity business

In words \_\_\_\_\_ per month

In figures \_\_\_\_\_ per month

\* In case no mandatory ordinary employer's contribution arises from the applicant's relationship with the employer or the provisions of the Fund's Articles of Association, then an ordinary monthly contribution of insured employee must be necessarily paid, which will be equal to the minimum amount of contribution unless otherwise specified above.

#### IV. Beneficiary's Particulars \*\*

| Surname | Name  | TIN or Social Security No. | Relationship (with insured employee) | Share |
|---------|-------|----------------------------|--------------------------------------|-------|
| _____   | _____ | _____                      | _____                                | _____ |
| _____   | _____ | _____                      | _____                                | _____ |
| _____   | _____ | _____                      | _____                                | _____ |
| _____   | _____ | _____                      | _____                                | _____ |

**\*\* In case the insured person does not fill in the particulars of one or more beneficiaries, the total amount from the insured person's personal account will be allocated to his legal heirs.**

The undersigned solemnly state that the above particulars are complete and accurate and that I took cognizance of the statutory provisions of the OCCUPATIONAL PENSION FUND OF TSAKOS MARITIME ENTERPRISES AND ASSOCIATES (LEGAL PERSON OF PRIVATE LAW) (YO.D.D./ Φ51020/27566/682/24.05.2018/Government Gazette Issue B/889), as well as of any amendments which I unreservedly accept. By this application I apply for my registration with the Occupational Pension Fund of TSAKOS Maritime and Associates. Should the above details change, I shall promptly notify the Fund thereof in writing at my own responsibility. I accept that the monthly ordinary contribution of insured person (if any) and/or any extraordinary contribution of insured person I state in writing to the Fund that I wish to pay will be withheld from my monthly earnings through my payroll (it concerns only those persons who are directly paid by the Group).

### NOTIFICATION TO THE PERSONS INSURED WITH THE OCCUPATIONAL PENSIONS FUND OF TSAKOS MARITIME ENTEPRISES AND ASSOCIATES

Pursuant to the General Data Protection Regulation (GDPR), we inform you that the Data Controller is the Occupational Pension Fund of TSAKOS Maritime Enterprises and Associates which has its registered office at Megaron "MAKEDONIA" at 367 Syngrou Avenue, Paleo Faliro (Postcode 17564, tel .2109474000 ext. 316).

#### Purpose of data processing

To include the applicants in the insurance of the Fund and manage their insurance in accordance with Article 4 of these Articles of Association (Y.O.Δ.Δ./Φ51020/27566/682/24.05.2018/ΦΕΚ Β' 1889), without which such insurance cannot be effected.

#### Data Categories

We also inform you that in addition to the above data, processing will take place in relation to any supplementary data (special categories or not) which are collected from the relevant supporting documents and are necessary for the management of the insured person's individual account and payment of eventual compensation from the lump-sum indenInitY' business following submission of the relevant application.

#### Data recipients

It is the Occupational Pension Fund of TSAKOS Maritime Enterprises and Associates as well as the company' under the name "Prudential Informatics PC" which has its registered office at 148, Momferatou St., has entered into a contract with the Fund and has been authorized to undertake the management of the Members registry', establish and monitor contributions, update individual accounts, calculate and pay benefits. provide valid and timely information to insured persons (through websites, etc.) with respect to their insurance cover and the accounting management of the Fund.

#### Rights of data subjects

It should be noted that as data subject you can exercise your rights at any time, as such are set out in the above policy and in particular in Articles 12-23 of the GDPR. More specifically you have:

- a) the right to information and access to the data we process;
- b) the right to restriction of processing;
- c) the right to rectification and erasure of your personal data in whole or in part; and
- d) the right to object, namely to raise objections to the processing of your personal data.

Note that the exercise of any of the above rights may entail the disruption of your insurance with the Fund. We shall process your data throughout the time you are insured and for 20 years after its expiry in accordance with the Fund's Articles of Association. Furthermore, we may retain some basic information which is exclusively related to your consents so as to prove that processing on our part is lawful. In any event, in case you challenge the proper use of your personal data, you may contact the FUND by emailing at info@tmea.gr or by calling at 2109474000

ext. 316 so that we provide you with the necessary clarifications. Nevertheless, if you still believe that your data have not been lawfully used you have the right of recourse to the competent Authority (Personal Data Protection Authority [www.dpa.gr](http://www.dpa.gr)).

Following submission of the application to the Fund, it will be reviewed by the Board of Directors of Occupational Pension Fund of TSAKOS and once it is approved you will be emailed the relevant decision with your register number. For further information about the collection, legal use, purpose, nature of personal data processing, time of retention, recipients and data protection policy as well as about your rights, please refer to the Information Bulletin which will be adapted to the requirements of the General Data Protection Regulation (EU) 2016/679, which is uploaded on the Fund's website at: [www.tmea.gr](http://www.tmea.gr) of which you have taken cognizance in writing and to which you have consented.

Note that in case the data subject does not accept the above terms of application or subsequently exercises the right to revoke his/her consent, this may entail even automatically the subject's non-registration with the Fund and non-launch of insurance cover or discontinuation of insurance, respectively.

**STATEMENT OF CONSENT**  
**FOR DATA PROCESSING & SPECIAL CATEGORY OF PERSONAL DATA**

I hereby declare that:

- I have been fully informed about the processing of my personal data (namely collection, storage, procession, transmission and any further use thereof) through this application and the information bulletin (personal data protection policy) on the Fund's website.
- I have been informed about the rights I have and retain as data subject.
- I consent to the keeping of registers with all the above personal data in electronic or other format.
- I expressly consent (Article 7 of GDPR (EU) 2016/679) to the processing of Personal Data and any special categories of Personal Data which concern me and arise from this application and/or any supplementary data that the Fund may obtain in the future which are necessary for my registration with the Fund and the functioning of the entire insurance cover by the Fund (as such is defined by the Articles of Association and the legislative framework applicable each time to the operation of Occupational Funds), as well as for the calculation and payment of benefits by TSAKOS Occupational Pension Fund and the company under the name Prudential Informatics PC, which has its registered office at 148, Momferatou St. and, by virtue of a contract with the Fund, has undertaken to manage the above functions of the Fund.

Signature of member

\_\_\_\_\_

\_\_\_\_\_ (location and date the application is filled in/signed/sent)