



Archivum Provinciæ Carmelitarum Melitensis

Admissions & Data Protection Form

I, the undersigned,

Name & Surname _____

Address _____

Telephone _____

Mobile _____

Email _____

Profession _____

Institution _____

do hereby declare to have read and am hereiwith agreeing to the Code of Conduct of the APCM

do hereby declare to agree with the Privacy Policy of the APCM

do hereby declare to consent to APCM handling the above private data according to the GDPR (EU)

L.N. 2016/679*

Signature

Date

* Refusing to agree with any one of these three options, will inhibit entry into the premises.