

Form to authorise third parties

Personal details

Name and surname (applicant)

ID/Residence permit/Passport no.

Date of birth

Name and surname (representative)

ID/Residence permit/Passport no.

I hereby declare:

1. That the information provided in this form is correct, as well as the information requested.
2. That I have duly received the information about the current terms of use for the contactless supports of T-mobilitat, published in the Diari Oficial de la Generalitat (for more information, please visit the website www.T-mobilitat.cat).
3. That I have been duly informed about the data protection clauses, as well as the ATM's privacy policy regarding this registration request, and I consent to the treatment of my personal data by ATM for processing.

The Autoritat del Transport Metropolità (Metropolitan Transport Authority or ATM) will consult the competent institutions to check that the data provided are correct and that you are entitled to a subsidised profile, in accordance with the information provided in this form. If you wish to object to this, please mark the following box:

- I DO NOT AUTHORISE the Autoritat del Transport Metropolità (ATM) to consult the competent institutions to check whether the information provided is correct. If you don't authorise such consultation, you must present, together with this form, the necessary documents to prove entitlement to a subsidised profile (for more information, visit the website: www.T-mobilitat.cat).

I hereby authorise my representative to carry out the following actions in my name:

- | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I wish to sign up as a user of T-mobilitat. | <input type="checkbox"/> I wish to deregister as a user of T-mobilitat. |
| <input type="checkbox"/> I wish to register a profile with T-mobilitat. | <input type="checkbox"/> I wish to block the T-mobilitat support/travel pass . |
| <input type="checkbox"/> I wish to acquire a support from T-mobilitat. | <input type="checkbox"/> I wish to unblock the T-mobilitat support/travel pass . |
| <input type="checkbox"/> I wish to deregister the T-mobilitat support . | <input type="checkbox"/> I wish to pick up a returned T-mobilitat support/travel pass . |
| <input type="checkbox"/> I wish to get a full invoice . | |

Place and date

Applicant's signature

Representative's signature

Name and surname (applicant): _____

Name and surname (representative): _____

Documentation required

- This form, duly completed and signed.
- Original ID/Residence permit/Passport of the applicant.
- Original ID/Residence permit/Passport of the representative.

Basic information on the protection and processing of data

Data Controller: Autoritat del Transport Metropolità. **Purpose:** to process the procedure you are requesting in this form on behalf of someone else. **Legitimation:** exercise of public powers conferred on the Data Controller. **Recipients:** other competent public administrations and law enforcement agencies. **Transfers:** no international transfers of data are foreseen. **Rights:** regarding any questions regarding the privacy policy and the exercise of your rights of access and rectification of your data, as well as deletion, limitation, or opposition to the processing when applicable, you can contact ATM through the Generalitat's generic request channel (gencat.cat), or by postal mail at AUTORITAT DEL TRANSPORT METROPOLITÀ, carrer Balmes, 49, 6th floor, 08007, Barcelona. Similarly, if you believe that your data protection rights have been violated, you can file a complaint with the Catalan Data Protection Authority (www.apdcat.gencat.cat). **Additional information:** you can consult additional and detailed information about data protection in the "Data protection" section of the website www.T-mobilitat.cat.
