Świnoujście, date .....

APPLICATION FOR ISSUANCE A PERIODIC PERSONAL PASS

FOR ENTRY TO THE INSTALLATION TERMINAL PREMISES IN ŚWINOUJŚCIE

Full name: .....

Date of birth:..... Nationality: .....

Full address: .....

Name of the Company: .....

Job title: .....

Purpose of visit/entry: .....

Requested period of entry pass validity: .....

INSTRUCTIONS

1. The pass remains the possession of the Installation Terminal in Świnoujście.
2. The pass must be shown (used) each time when entering/leaving the Terminal area.
3. The pass should be returned after its validity expires.
4. Sharing the pass with other persons is prohibited under threat of its confiscation.
5. Loss of the pass should be reported immediately to the issuer.

SHORT RODO CLAUSE

The controller of personal data in the scope of monitoring is ORLEN Neptun II Sp. z o.o., with its registered seat in Warszawa, 00-085 Warszawa, ul. Bielańska 12. The Data Protection Coordinator can be contacted via e-mail: daneosobowe.sot@orlen.pl, or in writing at our registered seat address, with the note 'Personal Data". Video surveillance recordings are processed on the basis of the legitimate interest of ORLEN Neptun II Sp. z o.o. (Art. 6 (1)(f) RODO), which in particular includes the need to ensure the safety of people and property, as well as possible pursuit or defense against claims. Personal data may be transferred to recipients authorized under the law and may also be transferred to entities processing personal data on behalf of the Controller, including companies providing IT services, personal and property protection services, administration and maintenance of technical security systems. You have the right to access your personal data, to request deletion or restriction of processing, the right to object, the right to data erasure, and the right to lodge a complaint with the President of the Personal Data Protection Office. Detailed information regarding the processing of personal data can be found on our website: www.swinoujscieoffshoreterminal.pl/ in the 'Personal Data' section.

.....
date and legible signature
of the responsible person
from the employer's side

.....
date and legible signature of PFSO or Deputy PFSO

*strike out where not applicable

TO BE COMPLETED BY THE PASS ISSUER

1. Issued entry pass No.: .....
2. Date of issue: .....
3. Pass expiry date: .....
4. Remarks/additional information: .....

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.....
legible signature
of the person issuing the pass

I have received pass No. ....

.....
date and legible signature

Return of pass No. .....

.....
date and legible signature
of the person returning the pass