

# Mandate and informed consent



Name: \_\_\_\_\_ ID nr: \_\_\_\_\_

Tel. number: \_\_\_\_\_ Email: \_\_\_\_\_

The consenter of this document and member of Efling trade union, hereby authorizes Efling union the mandate to work on the member's behalf in resolving disputes with the member's employer. This mandate allows Efling to make claims on behalf of the member regarding anything that falls under the trade unions collective agreement and pursuing the member's case in court, if necessary. This mandate is made in two copies where the union member receives one. The mandate may be signed electronically with an electronic ID.

Company: \_\_\_\_\_ Registration nr: \_\_\_\_\_

Email: \_\_\_\_\_

## By signing this document:

- The union member agrees that Efling will accept personal data about him or her that may contain general and sensitive personal data, process the data and information, communicate the data to third parties, store the data electronically and traditionally in the union's filing system, process the data as necessary and delete them after use.
- The member confirms that his/hers account information in My Pages (Mínar síður) are correct and up to date.
- The member authorizes Efling to collect information about the member, from a third party if deemed necessary while working on the member's case.

If a member's claim is not paid after a collection warning or through agreements with an employer. Then the undersigned grants lawyer Ásgeir Helgi Jóhannsson, kt. 250677-5379 and Atlas innheimta ehf., kt. 461022-1180, an authority to work with a member's data under this authority and collect his/her claim, as applicable with the assistance of courts, negotiate the claim and receive payments on behalf of a member.

Efling's privacy policy and information about the union is accessible at:

<https://www.efling.is/en/about/data-protection-authority/>.

**By signing this document I acknowledge that I have read and understand the above information.**

Member's signature

Attests to the signature and correct date:

\_\_\_\_\_  
Place and Date

\_\_\_\_\_  
Name and social security number

\_\_\_\_\_  
Name and social security number