



**Collection of consent on the processing of your personal data
in the context of your membership in INTERNATIONAL MISSIONARY BENEFIT SOCIETY**

In order to track the payment of the IMS grants to your group, you are required to submit personal and health data to your Group Manager. The data collected is intended for your group manager, Entraide Missionnaire Internationale's internal services, its subcontractors involved in the management of the mutual aid service and its IT service providers.

The INTERNATIONAL MISSIONARY BENEFIT SOCIETY has entrusted its information system to an external company: MSH International. This trusted partner ensures the confidentiality, availability and integrity of data according to the rules.

These personal data are :

- Identification data: Name, sex, first name, date of birth, dependent children, etc.
- Sensitive health data: medical bills, prescriptions, hospitalization receipts, etc.
- Personal data: Membership in a religious community

Your data may also be transmitted to certain medical structures for the establishment of care in particular.

Finally, the processed data may be transmitted to the competent authorities, at their request, within the framework of legal proceedings, within the framework of legal research and requests for information at the request of the authorities or in order to comply with other legal obligations.

You have at all times the right to access, rectify, delete or limit or oppose the use of your personal data and the right to organize instructions after your death. You also have the right to lodge a complaint with a supervisory authority responsible for the protection of personal data. The Data Protection Officer of the INTERNATIONAL MISSIONARY BENEFIT SOCIETY can be contacted by email at dpo@mutuellesaintmartin.fr, or by mail at 3 rue Duguay Trouin 75006 Paris.

In order to ensure that you give your consent to all of these provisions, we invite you to return this completed and signed document to your IMS group leader as soon as possible.

Part to be completed and returned to your IMS Group Manager

Title / First name / Last name

Community

IMS membership number (to be completed by the group leader if necessary)

I have read the above information and give my consent for my data to be processed by the above mentioned parties.

Done at, on

Signature