

STATUTORY DECLARATION OF ACCEPTANCE
PERTAINING TO THE PROCESSING OF PERSONAL DATA
FOR SECURITY CLEARANCE

The undersigned (Name, Surname)
.....(Father's Name) (Mother's
Name), ID Card No,
soon to be assigned duties requiring Personal Security Clearance in
..... (Department), being familiar
with the penalties provided for in the provisions of Par. 6, Article 22 of Act
1599/1986 on false statements, as it has been revised with Par. 2, Article 26 of Act
4912/2022 hereby declare that:

a. I have been fully informed by (supervisor's name)
.....of(Department)
on classified information security regulations, as well as on personal security
clearance procedures provided for in the Hellenic National Security Regulation.

b. I wish to be security cleared for handling classified materiel up to
.....(classification level).

c. I consent to have my sensitive personal data processed, as part of
the necessary vetting required for the issuance of my Personal Security
Clearance.

Place - Date

SIGNATURE AUTHENTICATION

(Signature)

State Authority or Agency

Note: The present document is completed by hand by the person to be security
cleared