

DATA DECLARATION KODA KULTUR

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ member number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to the applicant and Koda (grant administration) being able to access the personal data about me that is necessary for the application and allocation process. I am aware that the consent can be withdrawn.

Date

Signature

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