

**BENEFICIARY ASSISTANCE AND CONSENT FORM FOR CASH TRANSFERS TO BANK ACCOUNTS**

I,  [name of beneficiary]  (the “**Beneficiary**”), of [beneficiary general address – district / village / town], express my informed decision to participate in the Cash assistance for Carers of Persons with Disability (the “**Project**”) of the **International Organization for Migration**, an organization part of the United Nations system, represented by its Mission in Slovakia,  [IOM address]   (hereinafter referred to as “**IOM**”), under the following terms and conditions as stated in this Beneficiary Assistance and Consent Form for Cash Transfers to Bank Accounts(the "**Form**”) from June to September 2022.

1. By signing this Form, I agree to use the cash assistance for the Care that I am providing to the Person with Disability. Name of the person with disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I understand that the cash assistance will be paid through bank transfer at the following bank account:

BANK NAME:

BRANCH:

BANK ACCOUNT NAME:

BANK ACCOUNT NUMBER:

SWIFT CODE:

IBAN NUMBER:

1. I agree and confirm by signing this Form that IOM has no other obligations or commitments other than to provide me with the assistance specified above, subject to IOM’s availability of funding.
2. I hereby release, discharge and agree to hold harmless IOM, their officers, employees, and agents from any liability, loss or damage, physical injury or death suffered directly or indirectly by me or any third party, in connection with the withdrawal of the cash assistance that I have received.
3. I confirm that neither I nor any member of my household is an employee, contractor, partner or agent of IOM.
4. Data Protection

I hereby consent for IOM and [Implementing Partner] / [Bank, any authorized person or entity acting on behalf of IOM to collect, use, share or otherwise process personal data I have provided in any forms I may sign in relation to my participation in the Project. More specifically, I consent to and understand the following:

1. For IOM and [Implementing Partner] / [Bank] to process my personal data for the purpose of provision of cash assistance and for the overall management of the Project (including monitoring and evaluation, compliance and internal administration matters).
2. In the performance of its obligations relating to the processing of my personal data, IOM and [Implementing Partner] / [Bank will comply with the attached Data Protection Principles.
3. IOM will share my personal data within IOM on a need-to-know basis, or with authorized third parties who shall be bound by confidentiality obligations.
4. I may request IOM and [Implementing Partner] / Bank to access, correct or delete my personal data, request information about the processing of my personal data, or raise any concerns or complaints by contacting IOM at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
5. I agree that any dispute arising out of or in relation to this Form shall be settled amicably by negotiation between me and IOM. I agree that the present Form as well as this dispute resolution clause shall be governed exclusively by the terms of the present Form. IOM reserves the right to avail of all legal remedies available as it considers appropriate.
6. Nothing in or relating to this form shall be deemed a waiver, express or implied, of any of privileges and immunities enjoyed by IOM as an intergovernmental organization.
7. I understand that by signing this form, I express my agreement to this method of transfer and accept the terms above. This Form constitutes my acknowledgment of receipt of cash assistance.

**IOM STAFF’S/PARTNER/AGENT’S DECLARATION**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ employee of [IOM or, in case of employee of Implementing Partner, name of Implementing Partner]with postal address in  [address] , confirm that I have read and discussed this Form with the person(s) listed as Beneficiaries in the table above, appearing in person before me for receipt of cash assistance for the IOM project Cash assistance to Carers of Persons with Disability, in duration from June to September 2022. I confirm that the Beneficiary had been informed of his/her rights and responsibilities in a language that he/she understand, and that his/her signatures indicates receipt of the assistance, consent to be bound by the terms above, and consent to the use of his/her personal data as described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Registering Staff ID number