

TO WHOM IT MAY CONCERN:

I (full name), residing at (full address), holder of (Identity Card/Citizen Card/Passport) nº issued on (date of issue of Identity Card or Passport – not applicable to the Citizen Card), hereby declare that I authorize the Ordem dos Psicólogos Portugueses (OPP) to process all the data available on the electronic form submitted for the purpose of registering with the OPP, in accordance with the applicable legislation, safeguarding its confidentiality.

(town), (day) (month) (year)

(Signature identical to the identification document)