

AUTHORIZATION FORM

I, the undersigned,.....
(father's name), residing in
address ZIP code, ID number, in my capacity
of legal representative of/researcher
(to be deleted as appropriate), which/who conducts a special scientific research on
.....,

A U T H O R I Z E

Mr/Mrs
(father's name), residing in....., address.....,
ZIP code ID number, who is a member of the research team and
will be employed in the conduct of the research, to have access to the confidential
data supplied by ELSTAT as an individual researcher, under the condition that he/she
shall, explicitly and unconditionally, undertake the obligation to unswervingly abide
by all the terms and conditions envisaged in the law and the contract, which is
signed by myself and ELSTAT, pertaining to the provision of the aforementioned
data.

Moreover, I hereby declare that the aforementioned authorized researcher is aware
of the terms and conditions of the above contract, as well as of the sanctions
foreseen in the contract and the law, in case of violation of these terms and
conditions. The authorized researcher has also signed the Statistical Confidentiality
Declaration envisaged by the contract, which is a prerequisite for granting access to
the confidential data.

,20...

.....

(Signature)