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| **Entity** | TENDO LINK AFRICA LIMITED t/a MWANGAZA WELLNESS MEDICAL CENTRE (**MWMC**) | |
| **Signer’s details** | Full name |  |
| ID/Passport No. |  |
| Address |  |
| **Project** | Mwangaza Wellness and Medical Centre | |
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| Rights to use the video recording taken during the project. | |
| Rights to use the likeness | |
| Rights to use the Signer title/job/training and similar information | |
| Rights to use property and image thereof | |
| Rights to use image of location | |
| **Territory** | Worldwide | |

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The collection of personal data is related to the contractual relationship with Signer for identification purposes.

I confirm that I am of legal age and have every right to contract in my own name.

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I also agree that this Agreement shall be binding on my heirs, successors, executors, administrators and assigns.

I have read this Agreement and I am fully familiar with its content.

**READ, UNDERSTOOD AND ACCEPTED BY THE SIGNER:**

**Signature:**

**Full Name:**

**Date:**