



Annex 2: Letter of commitment

Please join this document to the Application for membership

[Title and Name of the Legal Representative]

[Name of the organisation]

[Address]

Dear HoNCAB Network Management Board,

This letter confirms the commitment of the organisation I represent [*Please insert name*] to take part in the HoNCAB Network.

With the present letter, I declare that the organisation I represent:

- Agree to the Core values of the Network's members
- Will appoint a liaison officer who will act as a representative and be the contact point for the Hospital Network
- Will participate in the activities of the Network
- Will guarantee the respect of cross-border patients' rights in data protection and confidentiality as well as other related rights while processing their data

Sincerely,

Date, Place

Signature of the Legal Representative