

Request

TO EXERCISE THE RIGHT OF ACCESS TO PERSONAL DATA

Details of the person making the request*

Given, middle and last name:	PIN / Foreigner's ID number / Date of birth**
<input type="text"/>	<input type="text"/>
Permanent address:	<input type="text"/>
Mailing address (if different than above)	<input type="text"/>
Email address: (required in case you want to receive an email response)	<input type="text"/>
Telephone for contact:	<input type="text"/>

DESCRIPTION OF THE REQUEST (Please provide details about the specific information or data processing activities which are subject of this request, as well as the nature of the request itself, so that we can answer your inquiry):

I'D LIKE TO RECEIVE RESPONSE TO MY REQUEST

- at the mailing address above
 at the email address above

Date:

Requestor's signature:

Within one month after receiving your request, ZEAD BULSTRAD VIENNA INSURANCE GROUP will inform you at the mailing address/email address provided by you about the actions taken regarding your request. In case the number and complexity of your requests necessitate a more detailed review, the period may be extended by two more months, of which you will be promptly informed.

* This information will be used in order to identify you properly and reach back to you.

ZEAD BULSTRAD VIENNA INSURANCE GROUP may request the provision of additional information necessary to ascertain your identity.

** The date of birth is needed in case the person making the request has no personal identification number (PIN) or foreigner's identification number.