Request





Details of the person making the re	equest*		
Given, middle and last name:			PIN / Foreigner's ID number / Date of birth**
Permanent address:			
Mailing address (if different than above)			
Email address: (required in case you wan	t to receive an email response)		
T			
Telephone for contact:			
DESCRIPTION OF THE REQUES	ST (please provide details about the data regarding which	n you'd like to exercise your right to data po	ortability).
DESCRIPTION OF THE REGISTRE	• (please provide details about the data regulating which	Tyou a line to exercise your right to data po	orasinty).
	data controller with whom you'd like to share	the requested data***	
Name/company	Address		
Destal and a leasting			
Postal code Location			
T	F 1		Dulatatii IIOKaasiaa asaistatisa suuskaa
Telephone for contact:	Email		Bulstat/UIC/foreign registration number
I'D LIKE TO RECEIVE RESPONS			
at the mailing address abo	ve		
at the email address above			
at the official address above	•		
Date:		Paguastor's signatura:	
Dalt		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.
- *** To be filled in only in case you have chosen to share your personal data with another data controller. This information will be used only to contact the data controller in order to fulfill the data portability request.