

Request

TO EXERCISE THE RIGHT TO ERASURE OF PERSONAL DATA

Details of the person making the request*

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 want to receive an email response)	
Telephone for contact:	

I'D LIKE TO EXERCISE MY RIGHT TO ERASURE OF PERSONAL DATA IN MY CAPACITY OF:

- customer of ZEAD BULSTRAD VIENNA INSURANCE GROUP;
- former customer of ZEAD BULSTRAD VIENNA INSURANCE GROUP;
- former employee of ZEAD BULSTRAD VIENNA INSURANCE GROUP;
- other (please specify below)

DESCRIPTION OF THE REQUEST (please provide details about the personal data that you'd like to be erased):

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.