

**Data Subject Information Requested:**

<b>Full name:</b>	
<b>Address:</b>	
<b>Contact Telephone Number:</b>	
<b>Email Address:</b>	
<b>Which Right do you wish to exercise?</b> Please tick one box only:	<input type="checkbox"/> Art 15: Right of access (commonly DSAR: data subject access request)
	<input type="checkbox"/> Art 16: Right to rectification (i.e. to correct personal data, or to complete incomplete data)
	<input type="checkbox"/> Art 17: Right to erasure (right to be forgotten)
	<input type="checkbox"/> Art 20: Right to data portability
	<input type="checkbox"/> Art 18: Right to restriction of processing
	<input type="checkbox"/> Art 21: Right to object to processing

**Data Subject Request Form**

*Please specify your request here. Continue on additional sheets if necessary.  
If you are requesting erasure or restriction of processing, please specify on what grounds you are requesting this.*

## Signature and Acknowledgment

I confirm that the information provided on this form is correct and that I am the person whose name appears on this form.

I understand that:

- (1) Aegean Insurance S.A. must confirm proof of identity and may need to contact me again for further information;
- (2) my request will not be valid until Aegean Insurance S.A. receives all of the required information to process the request.
- (3) I am entitled to one free copy of the personal data I have requested.

We will supply one copy of the relevant personal data in electronic format.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Authorized Person Signature

I confirm that I am authorized to act on behalf of the data subject. I understand that Aegean Insurance S.A. must confirm my identity and my legal authority to act on the data subject's behalf and may need to request additional verifying information.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_