



**D E C L A R A T I O N**  
**FOR THE EXERCISE OF THE RIGHT TO OBJECT**

at.....  
(three names)

ID: .....,  
correspondence address: .....

Contact phone: ....., e-mail: .....

Based on Article 21 of Regulation (EU) 2016/679 - General Data Protection Regulation and the Personal Data Protection Act, I wish to exercise my right to object to the processing of my personal data by Barents Insurance EAD for the following described purposes:

I am aware that:

- The insurer will terminate the processing of personal data where an objection is lodged based on circumstances relating to the individual's particular situation, unless there are compelling legitimate grounds for the processing which override the interests, rights and freedoms of the individual, or for the establishment, exercise or defence of legal claims of the insurer.
- If my request is unfounded, the Insurer may refuse to take action.
- The Insurer will prepare and send a statement in relation to this application, within 30 calendar days of the date of the application, to the e-mail address above or, if none is given, to the address for correspondence.

Date: ..... Signature of applicant/authorised person: .....

\*If this application is completed and signed by a third party, a natural person, representative of the person for whom the right is exercised, a valid notarised power of attorney is required.

**The officer who accepted the application and made the identification of the natural person or his legally authorized representative:**

Name: ..... Signature: .....

Date of receipt: .....

Agency/Office: .....