



**D E C L A R A T I O N**  
**FOR RESTRICTING THE PROCESSING OF PERSONAL DATA**

at.....

(three names)

ID: .....,

correspondence address: .....

.....

.....

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

Based on Article 18 of Regulation (EU) 2016/679 - General Data Protection Regulation and the Personal Data Protection Act, I wish to exercise the right to restrict the processing of my personal data by Barents Insurance EAD on the following grounds:

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I am aware that:

- The Insurer will consider this request and make its decision within 30 calendar days from the date of submission of the application and I/we will be informed thereof at the above e-mail address or, if no such address is indicated, at the address for correspondence.
- Where processing is restricted, the Insurer will only carry out processing activities of such data, with the exception of the activity of storage, with the consent of the data subject or for the establishment, exercise or defence of legal claims or for the defence of the rights of another natural person or for important reasons of public interest.

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: .....