



**DECLARATION
FOR ERASURE OF PERSONAL DATA**

at.....
(three names)

ID:,
correspondence address:

.....
.....

Contact phone:, e-mail:

Based on Article 17 of Regulation (EU) 2016/679 - General Data Protection Regulation and the Personal Data Protection Act, I wish to exercise the right to erasure of the following personal data processed by Barents Insurance EAD:

.....
.....
.....

I am aware:

- In the event that my request is unfounded, the Insurer may refuse to act on my request.
- If there is no reason to delete the personal data, the Insurer will continue to process the same.
- My request will be considered within 30 calendar days from the date of submission and I will be informed of the Insurer's opinion at the above e-mail address or, if no such address is given, at 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: