



**D E C L A R A T I O N
TO CORRECT AND/OR COMPLETE PERSONAL DATA**

at.....

(three names)

ID:,

correspondence address:

.....

.....

Contact phone:, e-mail:

Based on Article 16 of Regulation (EU) 2016/679 - General Data Protection Regulation and the Personal Data Protection Act, I wish to exercise the right to correct/complete my personal data processed by Barents Insurance EAD as follows:

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I am aware that my personal data will be corrected/complemented within 30 calendar days from the date of application and I will be informed of this at the above e-mail address or, if no such address is indicated, at the correspondence address.

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: