



**DECLARATION
FOR ACCESS TO PERSONAL DATA**

at.....
(three names)

ID:,
correspondence address:

.....
.....

Contact phone:, e-mail:

Based on Article 15 of Regulation (EU) 2016/679 - General Data Protection Regulation and the Personal Data Protection Act, I wish to exercise the right of access to my personal data processed by Barents Insurance EAD.

I understand that I will receive the requested information within 30 calendar days from the date of the application to the above e-mail address or, if no e-mail address is provided, to the correspondence address.

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

*If this application is completed and signed by a third party, a natural person representing 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 Received:

Agency/Office: