



**DECLARATION
ON THE PORTABILITY OF PERSONAL DATA**

at.....
(three names)

ID:,
correspondence address:

Contact phone:, e-mail:

Based on Article 20 of Regulation (EU) 2016/679 - General Data Protection Regulation and the Personal Data Protection Act, I wish to exercise the right of portability of my personal data processed by Barents Insurance EAD.

I am aware that:

- Where a particular package of personal data contains information which affects other data subjects, the insurer may restrict the information provided in order to ensure the rights and freedoms of other data subjects in accordance.
- The insurer will consider this request and make its decision within 30 calendar days from the date of submission of the request and I/we will be informed of this at the above e-mail address or, if no e-mail 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: