

# UniCredit Insurance Broker EOOD

Incoming № ..... /Date.....

**Request to Exercise Rights  
under the General Data Protection Regulation  
/Regulation (EU) 2016/679 of the European Parliament and the Council/**

from \_\_\_\_\_

Full name, Personal Number/Foreigner’s Personal Number/

Date and place of birth /for a foreigner/ \_\_\_\_\_

ID Card No/Identity document of a foreigner \_\_\_\_\_,

Date of issue \_\_\_\_\_ by \_\_\_\_\_, expiry date \_\_\_\_\_,

Permanent address/Mailing address (if different from the permanent address)

\_\_\_\_\_

Electronic address:  
(If you want to receive a response at your electronic address, it must be specified)

\_\_\_\_\_

Phone number \_\_\_\_\_

**before UniCredit Insurance Broker EOOD in my capacity as:**

- Existing customer/former customer of UniCredit Insurance Broker EOOD
- Existing/former employee of UniCredit Insurance Broker EOOD
- Provider (as individual)
- Legal representative/beneficiary owner/proxy/related party/ of company (name of company BULSTAT / UIC / foreign registration number

.....

Other (please, specify)

# UniCredit Insurance Broker EOOD

## I would like to exercise my right to:

*Please specify exactly which right you would like to exercise and indicate the information/activities related to the processing hereunder so that we can respond to your inquiry.*

## I would like to receive a response:

- At my electronic address
- At my mailing address
- At the UniCredit Insurance Broker EOOD central office, Sofia

**Date:**

**Applicant's signature:**