**REQUEST FORM**

**Information about the data subject:**

|  |
| --- |
| **Information about the individual.** |
| Full name\* |  |
| Birth date\* |  |
| **Unique identification number** |
| PIN *or* |  |
| Client’s number *or* |  |
| Other |  |
| **Contact information** |
| Country |  |
| Current address |  |
| Phone number  |  |
| E-mail\* |  |
| **Additional information for identification (e.g. № of passport or ID document)** |  |

*NB: The designated with \* fields are mandatory for filing.*

**Representative of the data subject:**

|  |  |
| --- | --- |
| Do you act as a representative of the data subject? | NO [ ]  YES [ ]  |
| If "Yes", please define your capacity (e.g. parent, parental authority, proxy). |  |
|  |
| **Information about the representative:** |
| Full name |  |
| Birth date |  |
| **Correspondence information** |
| Country |  |
| Current address |  |
| Phone number |  |
| E-mail |  |
| **Additional information for identification of the representative:** | *Please apply proof that you have the legal authority to represent the data subject* |
| **Type of request:** |  | **Description of the request and personal data it concerns** |
| Request for access  |  YES [ ]  |  |
| Request for editing  |  YES [ ]  |  |
| Request for deletion (right to be forgotten) |  YES [ ]  |  |
| Request for restriction of processing |  YES [ ]  |  |
| Objection against processing |  YES [ ]  |  |
| Request for transfer of data |  YES [ ]  |  |
| Other |  YES [ ]  |  |

**2. Declaration**

I, the downsigned .........................................................................................................................., as declaring that the abovementioned information is true, with the current request state before “Visa Free Europe” my request, regarding the defined personal data.

**Date: Signature:**