

FORM REGARDING THE RIGHT OF RECTIFICATION PERSONAL DATA

The application will be analyzed according to the requirements mentioned in Regulation 679/2016 regarding the exercise of this right

The	e undersigned Ms./ Mrs							,	with th	e nationa
identification	number			, having	the	domicile	at	the	following	g address
						, ho	older	of	the ide	ntity card
		, in accord	ance with the a	rt.16 from t	the Re	egulation (l	JE) 6	79/20)16 on the	protection
of natural per	rsons with rega	ard to the proce	essing of person	al data and	d on th	ne free mo	veme	nt of	such data	, hereby:
✓ I inform	you that m	y personal d	ata processed	by Holfi	n Ins	urance F	einsu	ırancı	e Broker	S.A. are
inaccurate/in	complete, resp	pectively								
/ I request th	no propor unde	ating of my nor	sonal data. The	angwar ta	mu ro	augot will	ho oo	mmu	unioatad c	o follows:
			surial uata. Trie			quest, wiii	oe co	ıııııu	mcateu, a	is ioliows.
-	•		e Reinsurance E				_			
										_
√ For this pu	rpose I attach,	in copy, the fo	llowing docume	nts and su	pportii	ng informa	tion:			
Signatura										
Signature										
Date:										

Starting with May 25, 2018, Regulation (EU)2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, is applied by all the states of the European Union.

More details about personal data, what are your rights to personal data and about our activity can be found on our website www.holfinasig.ro.

We will come back with a response within 30 calendar days of receiving the request. Depending on the complexity of the request and the number of requests we receive, it may be necessary to extend the initial deadline. In such a situation, we will timely notify you. For any questions regarding the processing of personal data you can contact the Data Protection Officer at dpo@holfin.ro.