

**FORM REGARDING THE RIGHT TO ERASURE
THE PERSONAL DATA –“RIGHT TO BE FORGOTTEN**

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

The undersigned Ms./ Mrs. _____, with the national identification number _____, having the domicile at the following address _____, holder of the identity card _____, in accordance with the the art. 17 from the Regulation (UE) 679/2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, hereby:

✓ I inform you that, I exercise the right to erasure personal data concerning me, which are processed by Holfin Insurance Reinsurance Broker S.A., for the following considerations:

✓ The answer to my request, will be communicated, as follows:

- by mail to the following address _____
- personal handing at the Holfin Insurance Reinsurance Broker S.A. office
- to the following postal address _____

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.