

Data Subject Information Requested:

Full Name:	
Address:	
Contact Telephone Number:	
Email Address:	
Which Right do you wish to exercise? Please tick one box only:	<input type="checkbox"/> Art 15: Right of Access (commonly DSAR: Data Subject Access Request)
	<input type="checkbox"/> Art 16: Right to Rectification (i.e. to correct personal data, or to complete incomplete data)
	<input type="checkbox"/> Art 17: Right to Erasure (right to be forgotten)
	<input type="checkbox"/> Art 18: Right to Restriction of Processing
	<input type="checkbox"/> Art 20: Right to Data Portability
	<input type="checkbox"/> Art 21: Right to Object to Processing

Data Subject Request Form

*Please specify your request here. Continue on additional sheets if necessary.
If you are requesting erasure or restriction of processing, please specify on what grounds you are requesting this.*

Signature & Acknowledgment

I confirm that the information provided on this form is correct and that I am the person whose name appears on this form.

I understand that:

- (1) **M2 Insurance S.A.** must confirm proof of identity and may need to contact me again for further Information,
- (2) My request will not be valid until **M2 Insurance S.A.** receives all the required information to process the request,
- (3) I am entitled to one free copy of the personal data I have requested.

We will supply one copy of the relevant personal data in electronic format.

Signature: _____

Print Name: _____

Date: _____

Authorized Person Signature

I confirm that I am authorized to act on behalf of the data subject. I understand that **M2 Insurance S.A.** must confirm my identity and my legal authority to act on the data subject's behalf and may need to request additional verifying information.

Signature: _____

Print Name: _____

Date: _____