

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: _____