**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:**