

	FORM FOR DATA SUBJECT REQUEST	
GDPR	ID No. FORM_02	Version 1.0
Controller: Broker Ins OOD		DPO: Rumen Staykov

Data subject information:

Details of the natural person	
Full name	
Date of birth	
Unique identifier	
EGN/PNF	
Client number	
Other	
Contact details	
Country	
Current address	
Phone number	
E-mail	
Additional identification details	

Representative of the data subject:

Are you acting as a representative on behalf of the data subject?	NO ☐ YES ☐
If "Yes", please indicate your capacity (e.g. parent, guardian, curator, authorized representative)	
Representative's details:	
Full name	
Date of birth	
Contact details	
Country	
Current address	
Phone number	
E-mail	
Additional identification details of the representative:	<i>Please attach evidence¹ that you are legally authorized to receive this information.</i>

¹ For example, a certified power of attorney, a certificate of appointment as guardian/curator, etc.

Type of request:		Description of the request and the data it concerns
Access request	YES ☐	
Rectification request	YES ☐	
Erasure request (right to be forgotten)	YES ☐	
Restriction of processing request	YES ☐	
Objection to processing	YES ☐	
Data portability request	YES ☐	
Other	YES ☐	

2. DECLARATION

I, the undersigned, hereby declare that the data indicated above is accurate, and I hereby submit to Broker Ins OOD my request, as indicated above, regarding the data described.

Date:

Signature:

Request form completed by (*employee name*):

I, the undersigned, ..., in my capacity as representative, hereby declare that the data indicated above is accurate, and I hereby submit to Broker Ins OOD my request, as indicated above, regarding the data described.

Date:

Signature:

Contact details of the Personal Data Controller:		
Website: www.brokerins.bg	E-mail: gdpr@brokerins.bg	Phone: 024224244