

Data Subject Request Form

In order to facilitate the exercise of the data subject's rights, you have the possibility to fill in this "data subject request form" to exercise your privacy rights. You are under no obligation to use this form to exercise your rights but this form will facilitate the process. The information you are providing Assicurazioni Generali S.p.A. – Luxembourg Branch in this form will be used for the sole purpose of fulfilling your request.

SECTION 1: CONTACT INFORMATION

Name :	
Address :	
Phone Number :	
Email :	

SECTION 2: ARE YOU THE DATA SUBJECT?

- YES: I am the data subject and I am enclosing a copy of the front my identity card as proof of my identity.
- NO: I am acting on behalf of the data subject and I am enclosing proof of his or her express consent, a copy of the front of the identity card of the data subject as a proof of his or her identity, as well as a proof of my own identity.

SECTION 3: TYPE OF REQUEST

Please choose the type of request you are submitting:

- I would like to receive a copy of the personal data GEB is retaining about me
- I would like to have a rectification or completion of my personal data
- I would like to have my personal data erased
- I would like the processing of my personal data to be restricted
- I would like to object to the processing of my personal data
- I would like to not be subject to decisions based on the automated processing (e.g. profiling) of my personal data
- I would like GEB to transfer my personal data in a structured, commonly used and machine readable format directly to myself or to following third party: _____.

In order to process your request, please provide us with following information:

- Personal data concerned by the request (e.g. which information you would like us to give you a copy of, to erase, to rectify, ...)
- Dates and period covered by the request
- Other information you deem useful for GEB to swiftly follow up on your request

SECTION 4: MOTIVATION

What is the motivation or reason for your request? (You are under no obligation to fill in this section)

SECTION 5: DECLARATION

I hereby declare that the above information provided in this form is accurate and up to date. I recognise that it is necessary for Assicurazioni Generali S.p.A. – Luxembourg Branch to confirm my identity and that I may be requested to provide more detailed information so that the request may be addressed.

Signed

Date