

APPLICATION REGARDING INFORMATION WITH RESPECT TO MY NATURAL PERSON

According to the relevant information provided in this application, you have the right to proceed to the necessary actions regarding my personal information that may be maintained in Infocredit Group databases that concern myself for whom the necessary information and documents are included in this form. This service is provided for free.

INFORMATION RELATING TO THE APPLICANT (NATURAL ENTITY)

FULL NAME*: _____
SURNAME *NAME*

ID/PASSPORT NO*. _____
ID/PASSPORT NO. *COUNTRY*

TELEPHONE NO.: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____
STREET *NO.*

_____ *CITY* *DISTRICT* *POSTAL CODE*

*Mandatory field

- | | |
|---|--|
| <input type="checkbox"/> REQUEST TO ACCESS | <input type="checkbox"/> REQUEST TO RESTRICT |
| <input type="checkbox"/> REQUEST TO RECTIFY | <input type="checkbox"/> REQUEST TO OBJECT |
| <input type="checkbox"/> REQUEST TO ERASE | <input type="checkbox"/> REQUEST TO PROVIDE DATA PORTABILITY |

DETAILS RELATING TO REQUESTED ACTION ABOVE: _____

I hereby confirm that the above-mentioned information is accurate and provide the necessary documentation verifying the above action requested.

APPLICANT'S FULL NAME

SIGNATURE

DATE