

REQUEST FOR IMPLEMENTATION OF RIGHTS

Each of the rights listed below may be exercised by submitting this request at any branch of the Bank in person or by proxy, as well as electronically by the order of the Electronic Document and Electronic Certification Services Act, by e-mail dpo@postbank.bg. Please complete in block letters and tick “X” where necessary. Fields marked with * are required for the application to be processed.

☐

In person

☐

proxy

(a copy of the power of attorney shall be enclosed)

Subject's Data:

Name*:

(name, surname, family name)

Date of Birth*:

Day

Month

Year

Address for correspondence*:

(city; postal code; str./bul. №)

Telephone:

E-mail:

With regard to:

☐

Right of access

☐

Right to rectification

☐

Right to erasure
(‘right to be forgotten’)

☐

Right to restriction of processing

☐

Right to object

☐

Right to data portability

Description of the request*:

Please describe your request. In order to help you even more, we would like to know the reasons for it.

Preferred way for feedback on the request*:

☐

In writing to correspondence address

☐

In writing at Bank's branch

☐

E-mail

Date:

Signature: