

Data Entitlement Submission Form under the General Data Protection Regulation ((EU) 2016/679)

Α.	APPLICANT'S DETAILS		
Full name:			
Passport/ID number:			
В.	3. TYPE OF REQUEST (tick √ to the appropriate box and fill in, as appropriate and where required, the necessary information in order to assess your request.)		
1.	Right to be informed ¹		
	Information regarding the:		
	The types of personal data which the Bank collects and processes.		
	The purposes of the process of my personal data by the Bank.		
	 The external associates to whom the Bank discloses my personal data. Other: 		
2.	Right of access		
۷.	 Preparation of a file with my personal data maintained by the Bank and forwarding as such to: 		
	My last known mailing address, which is maintained in the Bank's records.		
	The following e-mail address(es), which are maintained in the Bank's records:		
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3.	Right of portability		
	Transmission in electronic format of my personal data to:		
	The following e-mail address(es), which is/are maintained in the Bank's records:		
	The following e-mail address of the entity		
	The following licensed credit institution, operating in the Republic of Cyprus:		
4.	Revocation of consent ¹		
	Revocation of consent for the provision of updates and/or notifications regarding the marketing of products and/or services of the Bank.		
5.	Right of rectification ¹		
	Correction of my below personal data and/or completion of the below incomplete data as follows:		
6.	Right of restriction ¹		
0.	 Restriction of processing of my below personal data for the following reason(s): 		
7.	Right of objection ¹		
	Objection to the processing of my below personal data for the following reason(s):		
	Objection to my profiling for the provision of targeted information regarding the Bank's events.		

¹ In section D please select how the Bank will communicate with you, following the receipt of the request.



8. Right of objection to the automated decision making ¹		
Objection to the Bank's decision based entirely on automated processing (i.e. AML monitoring	g and scoring).	
9. Right to be forgotten ¹		
Deletion of my below personal data for the following reason(s):		
C. ADDITIONAL INFORMATION		
Add any other information that may be relevant to your request.		
D. METHOD OF COMMUNICATION (tick $$ to the appropriate box)		
To my last known mailing address, which is maintained in the Bank's records.		
To the following e-mail address(es), which is/are maintained in the Bank's records:		
E. GENERAL		
 The Bank will assess your request on the basis of the General Data Protection Regulation (EU 201 law and its Privacy Statement and will respond in writing, within 30 (thirty) days from the date of receiption 		
2. The Bank may, when assessing your request, request additional documents and proof of idential address in order to confirm your identity. The Bank also reserves the right to request the submiss forms based on its internal procedures.		
3. The 30 (thirty) day period may be extended by a further two (two) months, if required, taking into consideration the complexity of the request and the number of requests. In such a case, the Bank will inform you of this extension, within one month of receipt of the request, whilst indicating also the reasons for the delay.		
4. The information provided to you on the basis of your request, are free of charge. It is noted that if your request is manifestly unfounded or excessive or repetitive, then the Bank may impose a reasonable fee or refuse to comply with your request, in accordance with the provisions of the General Data Protection Regulation (EU 2016/679) and the applicable law.		
5. If the Bank does not act on your request, it will inform you accordingly without delay, within one manual request the latest, for the reasons it has not acted.	nonth of receipt of the	
F. DECLARATION		
I hereby declare that I have read and understood the terms of this form and that I have carefully read and understood the contents of the Privacy Statement regarding the processing of my personal data and my related rights. I understand that the above mentioned form is also available at the bank's banking centers and on the Bank's website at <u>www.eurobank.com.cy</u> .		
I also confirm that the information stated in the form are true and correct and I understand that for the assessment of my request, it is necessary that the Bank confirms my identity and, where necessary, requests further information on the request.		
Signature Date		
FOR INTERNAL USE		
Date of receipt of request:		
Signature confirmation (full name and signature):	Date:	
Approval of request– Manager of the Responsible Banking Center (full name and signature):	Date:	