

In case Allianz Global Corporate & Specialty SE (AGCS) processes personal data from you, under the EU General Data Protection Regulation (GDPR) you, as a data subject, can make use of your data subject rights request which are:

Please confirm to us which Data Subject Right you wish to exercise by ticking at least one (Multiple answers possible) of the given options.

obtain information of the personal data we process

adjust inaccurate personal data

erase your personal data

restrict the processing of your personal data

where technical feasible, port your personal data to a different data-controller.

### **Part 1: Person that the request relates to (Data Subject)**

Title: Mr / Mrs / Miss / Ms / Other: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name (s): \_\_\_\_\_

Previous Name (s): \_\_\_\_\_

Any other names that you are known by that may assist in the search: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail:

**Please tick all that apply:**

Employee/ex-employee of AGCS:

Personal Insurances customer

Policy holder

Co-insured/ additional insured

**Part 2: In case of a third party request on behalf of the data subject, we additionally need some information about the proxy**

Title: Mr / Mrs / Miss / Ms / Other: _____
Surname: _____
First Name(s): _____
Address: _____
Postcode: _____
Telephone: _____
E-mail: _____
<u>Attach documents:</u> Letter of authorization/ proxy

I, \_\_\_\_\_, confirm that the information provided on this form is correct and that I am the data subject whose name appears on this form or act as an authorized person of the data subject whose name appears on this form. I understand that Allianz Global Corporate & Specialty SE must confirm proof of identity and that it may be necessary to contact me again for further information to locate the personal data I want. I understand that my request will not be valid until all of the information requested is received by Allianz Global Corporate & Specialty SE.

By signing this Additional Information Form I hereby provide my explicit consent, that my personal data as provided above will be stored/processed by Allianz Global Corporate & Specialty SE and other entities of Allianz Group in connection with this Data Subject Request. I am aware, that I have the right to withdraw this consent at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_