

Withdrawal of Consent Form

I, the data subject with the following personal details:

Full name.....

e-mail.....

Procedure

If you wish, you may fill in this request form and send it directly:

a) by e-mail to: parapona@ethnikiasfalistiki.gr

b) by post, with the indication 'GDPR', to 'THE ETHNIKI' HELLENIC GENERAL INSURANCE COMPANY S.A., 103-105 Syngrou Ave., 117 45.

We will respond to your request within one month of receipt, if feasible, otherwise we will notify you of any extension to the deadline.

Identification

Before responding to a request, 'THE ETHNIKI' HELLENIC GENERAL INSURANCE COMPANY S.A. must verify the identity of the person sending the request prior to responding to such request. For this purpose you must attach a certified copy of your identity card or equivalent legal document.

I hereby state that I withdraw the consent I had given to 'THE ETHNIKI' HELLENIC GENERAL INSURANCE COMPANY S.A. to process my personal data for the following purposes:

- To send me notifications concerning the promotion of products and services, using the contact details I have provided;
- To involve me in surveys and/or studies conducted to better understand my needs, preferences and interests as a customer in order to promote personalized services that match my profile.

I, the undersigned, _____, confirm that the information I provide with this request is true and accurate and that I am the subject of the aforementioned personal data. I understand that

'THE ETHNIKI' HELLENIC GENERAL INSURANCE COMPANY S.A. must confirm my identity and contact me, if necessary, in response to my request.

The Declarant _____

Signature _____ **Date** _____