

Request Form for Exercising the Right to Restriction of Processing of My Personal Data

'THE ETHNIKI' HELLENIC GENERAL INSURANCE COMPANY S.A. with its registered seat at 103-105 Syngrou Avenue, Athens, shall act as a controller of your personal data. A primary value for 'THE ETHNIKI' HELLENIC GENERAL INSURANCE COMPANY S.A. is to respect customers and build lifelong relationships and trust. To this end, we have set the strategic goal of ensuring maximum protection of your personal data and consider it our duty to inform you about your rights regarding the collection and processing of your personal data and to help you exercise them effectively.

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

'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.

Right

I wish:

- To obtain restriction of the following processing of my personal data:

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for the following reasons:

- I contest the accuracy of my personal data and I request that its processing be restricted until its accuracy is verified;
- I consider that the processing is unlawful, oppose the erasure of my personal data and request the restriction of its use instead;
- 'THE ETHNIKI' HELLENIC GENERAL INSURANCE COMPANY S.A. no longer needs my personal data, but I request that it be kept for the establishment, exercise or defense of legal claims;
- I object to processing until it is verified whether the legitimate grounds of 'THE ETHNIKI' HELLENIC GENERAL INSURANCE COMPANY S.A. override mine.

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.

Signature: _____ **Date:** _____