

Request Form for Exercising the Right of Access to 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 confirmation whether or not 'THE ETHNIKI' HELLENIC GENERAL INSURANCE COMPANY S.A. processes my personal data

To receive additional information regarding my personal data, processed by

'THE ETHNIKI' HELLENIC GENERAL INSURANCE COMPANY S.A., and in particular:

the purposes of the processing

the categories of personal data concerned

the recipients or categories of recipients of my personal data

my rights

the period for which my personal data will be stored

the existence of automated decision-making, including profiling, and information about the logic involved, as well as the significance and the envisaged consequences

whether or not my personal data is transferred to third countries and by what means

To obtain a copy of my personal data as follows:

1).....

2).....

3).....

4).....

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:** _____