

**PROCESSING OF PERSONAL DATA
APPLICATION FOR EXERCISE OF RIGHTS**

Surname: First Name:

Date of Birth: | | | | | | | | | |

If we need to contact you for a better understanding of your application we need your telephone number and email address:

Telephone: Email:

Please attach a copy of currently valid proof of identity.

Where the person in question is under guardianship or supervision or and has asked for authorisation to exercise their rights please attach a copy of the guardian's, supervisor's or representative's proof of identity and their power of attorney.

Where the person in question is underage please attach a copy of a proof of identity from at least one of the parents.

Contract number(s):

NATURE OF YOUR APPLICATION

- Right of access:** I would like you to provide me with details of data relating to me.
- Right to rectification:** I would like to change my personal data.
If you wish to change your personal data please contact:
SOGELIFE Service Gestion 11, Avenue Emile Reuter L-2420 LUXEMBOURG
- Right to erasure:** I would like you to delete my personal data.
Pursuant to Article 17 on the General Regulations for the Protection of Data, the deletion of personal data for contracts which are in force and necessary for the purposes of processing cannot be carried out.
- Right to data portability:** I would like you to return my personal data.
Where you wish to send your data to a third party organisation please state their contract details.

- Right to object:** I am opposed to my personal data being processed for marketing prospectation.

METHODS OF REPLY

- Letter with Acknowledgement of Receipt** (except for the right to data portability)
Postal Address:

- Email** (please provide a mobile phone number for your access code to be sent)

Done in, on | | | | | | | | | |

SIGNATURE