

**Appendix 1
FORM
DATA SUBJECT'S REQUEST**

Information about the data subject:

Details of the natural person.	
Full name	
Date of birth	
Unique Identifier	
Personal IN/Foreigner's IN	
Customer ID	
Other	
Contact details	
Country	
Present address	
Telephone	
E-mail	
Additional identification data¹	

Data subject's representative:

Do you act as a representative on behalf of the data subject?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
If yes, please indicate in what capacity (e.g. parent, guardian, trustee, authorized representative)		
Details of the representative:		
Full name		
Date of birth		
Contact details		
Country		
Present address		
Telephone		
E-mail		
Additional identification data of the representative:	<i>Power of Attorney</i>	

Type of request:		Description of the request and data to which it relates
Request for access	YES <input type="checkbox"/>	
Request for correction	YES <input type="checkbox"/>	
Request for deletion (right to be forgotten)	YES <input type="checkbox"/>	
Request to limit processing	YES <input type="checkbox"/>	
Objection to processing	YES <input type="checkbox"/>	
Request for data transfer	YES <input type="checkbox"/>	
Other	YES <input type="checkbox"/>	

2. DECLARATION

I, the undersigned, by declaring that the above data are correct, I hereby submit to Bulgarian American Credit Bank AD my request, as stated above, concerning the specified data.

Date:

Signature:

Bank's official who has accepted the request (signature/full name/date)
(to be filled in if filed in an office of BACB)