

Reference Number/.....

REQUEST TO EXERCISE DATA PROTECTION RIGHTS

Data subject information:

Name, middle name and surname*¹ _____
Personal ID No./Foreigner ID No./Date of Birth** _____ ID card
No. _____, issued on _____ by
_____, expiring on _____, mailing address:
_____,
email _____, contact phone: _____

Represented by:

Legal representative Notarized Power of Attorney No...../.....

Name, middle name and surname*² _____
Personal ID No./Foreigner ID No./Date of Birth** _____ ID card
No. _____, issued on _____ by
_____, expiring on _____, mailing address:
_____,
email _____, contact phone: _____

In my capacity of:

current/former customer other: (please specify)

I wish to apply to exercise the following right (Please specify the right you wish to exercise and the information/processing activities to which your request relates in order for us to be able to respond to your query)

¹ *This information will be used to ensure you are duly identified and to contact you. Our Home is Bulgaria Foundation may request the provision of additional information necessary to verify your identity.

** The date of birth is to be completed if the applicant has no Personal ID Number/Foreigner ID Number.