



**FORM REGARDING THE RIGHT TO ERASURE
THE PERSONAL DATA –“RIGHT TO BE FORGOTTEN”**

*The application will be analyzed according to the requirements
mentioned in Regulation 679/2016 regarding the exercise of this right*

The subject Ms./ Mrs. _____, with the
national identification number _____, having the domicile at the
following address _____

_____,
holder of the identity card _____, in accordance with the art. 17 (**Right
to erasure - "Right to be forgotten"**) from the Regulation (UE) 679/2016 on the protection of
natural persons with regard to the processing of personal data and on the free movement of
such data, hereby :

✓ I inform you that, I exercise the right to erasure personal data concerning me, which are
processed by Transilvania Broker de Asigurare S.A., for the following considerations:

✓ The answer to my request, will be communicated, as follows:

- by mail to the following address _____
 - personal handing at the Transilvania Broker de Asigurare S.A.’s headquarters
 - to the following postal address: _____
- _____

Signature :

Date:

*Starting with May 25, 2018, Regulation (EU)2016/679 on the protection of natural persons with regard to the processing of personal data
and on the free movement of such data, will be applied by all the states of the European Union. More details about personal data, what are
your rights to personal data and about our activity can be found on our website www.transilvianibroker.ro.*

*We will come back with a response within 30 calendar days of receiving the request. Depending on the complexity of the request and the
number of requests we receive, it may be necessary to extend the initial deadline. In such a situation, we will notify you. For any questions
regarding the processing of personal data you can contact the Data Protection Officer at dataprotection@transilvianibroker.ro.*