

**REQUEST FORM FOR ACCESS TO PERSONAL INFORMATION, FOR RECTIFICATION OF PERSONAL INFORMATION OR FOR DELETION FROM A NOMINATIVE LIST**

- Request for access to personal information (Art. 27 ARPPIPS)
- Request for rectification of personal information (Art. 28 or 30 ARPPIPS)
- Request for removal from a nominative list (Art. 28.1 ARPPIPS)

I, \_\_\_\_\_, wish:

- To receive a copy of all documents concerning me, including those mentioned below:
- That you correct or rectify the following personal information about me:
- That you remove from the nominative list that you hold and use the following personal information about me:

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The reasons for this request are as follows (attach any supporting documents):

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**The information will be sent to:**

To the person concerned  To the representative (please complete the back side)

Signed by : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

I enclose a copy of my identity document and proof of address (including an identity document issued by the government of my country of citizenship) (Art. 30 ARPPIPS).



**TO BE FILLED IN IF THE INFORMATION IS TO BE SENT TO THE REPRESENTATIVE**

**Written authorization to transmit information from the person concerned to the authorized representative**

I hereby authorize \_\_\_\_\_ (fill in the name of the authorized representative) to request access to my personal information.

Signature of person concerned : \_\_\_\_\_

Name: \_\_\_\_\_

**Confirmation by the authorized representative of the person concerned**

Name of authorized representative and address where personal information should be sent:

\_\_\_\_\_  
\_\_\_\_\_

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Date: \_\_\_\_\_