

# **Official Disclaimer**

Any discrepancies or differences created in the translation are not binding and have no legal effect. If any questions arise related to the information contained in the translated website, please refer to the Greek version.

Please consult with a translator for accuracy if you are relying on the translation or are using this site for official business.

**Request to Exercise the Right to Delete my  
Personal Data**

The societe anonyme under the name "**NEQUS REPRESENTATIVE OF INSURANCE AND REINSURANCE COMPANIES SOCIETE ANONYME**" and the distinctive title "**NEQUSREP S.A.**" which is based in Nea Smyrni, Attica, on 171 Syngrou Avenue, hereafter referred to as "the Company", is responsible for the processing of your personal data. The Company's primary value is respect for the client and the creation of a trusted relationship, which is why we have set as a strategic goal the guarantee of maximum protection of your personal data and we consider it our duty to inform you about your rights regarding the collection and processing of your personal data and to facilitate your exercise.

**Procedure**

If you wish, you can fill in and send this application directly:

- a) Via email at [dpo@nequsrep.com](mailto:dpo@nequsrep.com)
- b) By means of a postal item marked "DPO" to "**NEQUS REPRESENTATIVE OF INSURANCE AND REINSURANCE COMPANIES SOCIETE ANONYME**", Syngrou ave 171, Nea Smyrni, Attiki, P.C. 17121. We will respond to your request within one month of receipt if this is feasible, otherwise we will notify you of any extension of the deadline.

**Identification**

The Company is required before a request is made to identify the applicant. For this purpose, you must attach a certified copy of the ID card or equivalent document.

**Right**

I wish:

Deletion of the following personal data:

- 1) .....
- 2) .....
- 3) .....
- 4) .....
- 5) .....

I, the undersigned \_\_\_\_\_ hereby acknowledge that the information I provide through this application is true and accurate and that I am the subject to which the personal data relate. I understand that the Company must confirm my identity and contact me if necessary in response to my request.

DATE \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_