

# General Data Protection Regulation (GDPR)

## Confirmation Form

### Right of Rectification as per Art 16 GDPR

#### 1. Request statement

I \_\_\_\_\_, would hereby like to exercise my right of rectification as per GDPR Art 16 and request rectification (correction) of the personal data that SAI Erste Asset Management S.A. is currently processing for me.

#### 1. Identification

I am

- data subject
- legitimate representative of a data subject

I am aware that it is required to perform a thorough identity check prior to execution of the request. Therefore, I am providing the appropriate identification documents.

*Please fill in the details of the data subject. If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.*

I'm providing the following documents of the data subject:

- National identity card
- Passport
- Other: \_\_\_\_\_

*Please fill in the details (of the data subject).*

Title:  Mr  Mrs  Miss  Other: \_\_\_\_\_

Surname/ Family Name: \_\_\_\_\_

First Name(s)/Forenames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Landline phone number(s) : \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Email \_\_\_\_\_

In case of questions, please contact me via

- Landline phone
- Mobile phone
- Email
- SBox

*If you are NOT the data subject, but an agent appointed on their behalf, please provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.*

As I'm a legitimate representative of the data subject, I'm providing:

- the copy of power of attorney
- national identity card
- passport
- other \_\_\_\_\_

*Please fill in details for the representative of the data subject if applicable*

Surname/ Family Name: \_\_\_\_\_

First Name(s)/Forename(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Landline phone number(s) : \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Email: \_\_\_\_\_

In case of questions, please contact me via

- Landline
- Mobile
- Email

## 2. Interactions with SAI Erste Asset Management S.A.

I'm requesting the rectification of my personal data from SAI Erste Asset Management S.A. as I have or used to have the following relations with SAI Erste Asset Management S.A.:

- Current customer
- Former customer
- Job applicant
- Current employee
- Former employee
- Other (please specify)

## 3. Specification of personal data to be rectified

I am interested in rectification of the following personal data:

*[Please indicate which data are incorrect and correct value; please use reverse side if you need more space]*

I understand that in some cases SAI Erste Asset Management S.A. may request additional documentation or evidence to support rectification specifically in cases required by Law.

## 4. Format and communication channel of results

*Please select your preference below*

- Electronic copy of data to be sent to (email address) \_\_\_\_\_
- Hard copy of data to be delivered to the following address \_\_\_\_\_
- \_\_\_\_\_

#### 5. Response deadline

I am aware that according to GDPR Art.12 p.3 the response has to be provided within one month after submission of the request. However, the deadline can be extended by SAI Erste Asset Management S.A.by up to an additional two months in case of large volume of the request or large number of requests being processed in parallel.

I confirm that I have read and understood the terms of this form and certify that the information given in this application is true. I understand that more detailed information can be requested in order to locate the correct personal data.

Signature, Location, Date:

## Data subject identity verification

*This page is to be filled by SAI Erste Asset Management S.A. employee.*

*Please verify contact details of the data subject found in the above form.*

Contact details	Match?	Value in the system if no match
Title	<input type="checkbox"/>	
Surname/ Family Name	<input type="checkbox"/>	
First Name(s)/Forenames	<input type="checkbox"/>	
Date of Birth	<input type="checkbox"/>	
Address	<input type="checkbox"/>	
Zip Code	<input type="checkbox"/>	
Landline phone number(s)	<input type="checkbox"/>	
Mobile phone number	<input type="checkbox"/>	
Email	<input type="checkbox"/>	

Based on the above verification the data subject identity was confirmed unambiguously and the following identifiers have to be used in further processing of the request:

\_\_\_\_\_

Based on the above verification, the data subject identity was not confirmed unambiguously. Further identity verification is required

Signature, Location, Date: