

**To the attention of the General Manager of Colonnade Insurance SA Luxembourg –  
Sucursala București**

**ACCESS TO INFORMATION  
REQUEST FORM**

.....

*(Name, Surname of the person)*

mailing address:

.....

Phone: .....

e-mail: .....

**Dear Madam/ Sir,**

Pursuant to the Personal Data Protection Act and in connection with my right of access under Art. 15 of Regulation (EC) 2016/679 of the European Parliament and of the Council of 27 April 2016, please provide the following information:

.....

*(description of requested information)*

.....

.....

I wish to receive the requested information in the following form:

.....

Date.....

Signature.....