



AXA Data Protection Consultant  
AXA Insurance Ltd. / AXA Life Ltd.  
IT Risk, Security & Compliance  
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CH-8400 Winterthur

**Sender:**

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Street, no.: \_\_\_\_\_  
Postcode, place: \_\_\_\_\_  
Place, date: \_\_\_\_\_ , \_\_\_\_\_

## Request for information

Dear Sir or Madam

Based on Art. 15 of the General Data Protection Regulation (GDPR) of April 27, 2016, please inform me in writing within 30 days whether you process personal data about me. If this is the case, I would like to receive information on the following:

1. The purpose of the data processing.
2. The categories of processed personal data.
3. The categories of the recipients to whom my personal data is disclosed.
4. The data transmission guarantees in third countries.
5. The planned duration of the data storage.
6. The origin of the personal data if not collected directly from me.
7. The existence of automated decision-making in accordance with Art. 22 of the GDPR that has a legal effect upon me or affects me in a similar way.

Please confirm the completeness and accuracy of the documents sent to me.

If you are unable to provide me with this information, please justify your decision.

Yours sincerely

Signature \_\_\_\_\_

**Enclosure:** Copy of my ID