



AXA Data Protection Consultant
AXA Insurance Ltd. / AXA Life Ltd.
IT Risk, Security & Compliance
Pionierstrasse 3
CH-8400 Winterthur

Sender:

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

Data transfer

Dear Sir or Madam

Based on Art. 20 of the General Data Protection Regulation (GDPR) of April 27, 2016, I would like to ask you to transfer the personal data I have provided in a structured, usual and machine-readable format to the checked address listed below:

- My private address (in accordance with sender)
- The address of the newly responsible party:

Name: _____
Address: _____

Postcode, place: _____

If you are unable to carry out this data transfer, please justify your decision.

Yours sincerely

Signature

Enclosure: Copy of my ID