



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: _____ , _____

Request to be forgotten

Dear Sir or Madam

With reference to Art. 12 para. 2b and Art. 15 para. 1 of the Federal Data Protection Act of June 19, 1992 (DPA), I hereby request that you erase all my personal data if

- you no longer need it for the purposes for which it is being processed;
- there is no valid legal basis for the processing of my personal data or
- the processing violates statutory provisions.

Please inform all recipients to whom you have disclosed my personal data of their erasure.

Please send me a written confirmation within 30 days that you have erased these data. If you are unable to carry out my request, please justify your decision.

Yours sincerely

Signature _____

Enclosure: Copy of my ID