*NON TRANSMISSION OF DATA FORM – NATURAL PERSONS*

**TO:**

**ΙCAP CRIF S.A.**

**REGISTERED SEAT: 2 Elefth. Venizelou Ave., Kallithea**

**VAT NR:** 996952940

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| 1. **Personal Information:**
 |
| Last Name: |  | Date of Birth: | \_\_\_ /\_\_\_ /\_\_\_\_\_\_ |
| First Name: |  | ID: |  |
| Father’s Name: |  | Tax Id. nr: |  |
| **Data subject address:** |
| Street: |  | Nr.: |  | Postal code: |  |
| City: |  | Prefecture: |  |
| **Based on the information I provide herein, you are kindly requested to proceed to: (choose one (1) or more options):** |
| **2. Data subject request description:** |
| **☐ NON-TRANSMISSION OF TRADING BEHAVIOR DATA ("TBD") (ICAP CRIF DATABASE) (Decision 186/2016 Hellenic Personal Data Protection Agency),** which may already be entered or will be entered into the Database in the future and concern the company I represent, to the credit-financing institutions and Enterprises. I accept that after fulfillment of this request, the indication "**Does not wish the transmission of Trading Behavior Data concerning it**" will be displayed, which shall be freely assessed by the above data recipients with any implications that this may have. |
| ☐ **NON-TRANSMISSION OF CREDIT RATING (ICAP CRIF SCORE-RATING)** concerning the company I represent, to the credit-financial institutions and Enterprises.I accept that after fulfillment of this request, the credit rating of the above company which ICAP CRIF can create by processing its trading behavior data, as well as financial and commercial data will not be assessed by the relevant system and the indication "**Does not wish transmission of credit behavior rating**" will be displayed, which shall be freely assessed by the above data recipients with any implications that this may have. |
| **☐ NON TRANSMISSION OF ALL THE ABOVE** |
| **Revocation of this request can be freely submitted at any time directly to ICAP CRIF SA.** |
| I understand that any data concerning myself and included in publicly accessible sources and the Government Gazette - General Commercial Register-GEMI (Board Members, Managers, Partners) will continue to be transmitted. |
| **3. Confirmation** |
| **I responsibly certify the accuracy of the above** (Signature verification by a Competent Public Authority is required) |
| **Name/Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Date:** | **\_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_\_** |