

PERSONAL DATA REQUEST FORM

REQUEST FOR INFORMATION ON PERSONAL DATA

For the purposes of the Insurance Malta Anti Fraud Platform

TALBA GHAL INFORMAZZJONI DWAR DATA PERSONALI

Ghal skopijiet tal - Insurance Malta Anti Fraud Platform

Please use Block Capitals to complete this form. All information will be treated in strict confidence.

Jekk joghgbok imla din il-formula b'ittri kbar. L-informazzjoni li taghtina tinzamm kunfidenzjali.

PERSONAL DETAILS

DETTALJI PERSONALI

We will use these details to identify any personal data relating to you held in Insurance Malta Anti Fraud Platform and report this back to you.

B'dawn id-dettalji personali ser insibu l-informazzjoni personali li tinvoli lilek fl-Insurance Malta Anti Fraud Platform, biex nibghatuhilek.

Name & Surname
Isem u Kunjom

Identity card number
Numru tal-karta tal-identita

Current address
Indirizz kurrenti

Country / Pajjiz

Postal code / Kodici postali

Signature of Data subject
Firma tas-suggett tad-dejta

Name in block letters
Isem b'ittri kbar

If you held a different previous address to the current one, please add this hereunder
Jekk kellek xi indirizz differenti minn dak kurrenti, zidu hawn taht

Address
Indirizz

The completed form with a copy of your identity card should be sent to: Insurance Association Malta
Unit 4, Level 2, 116 Msida Valley Road, Birkirkara BKR9024, Malta