

Request to exercise right to object to automated decision making

Processing that you want to object to	Please describe the processing that you want to object to:
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Reasons for objecting	Please state why you want to object to the processing mentioned above:
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Signature	E-mail address	Postal address
	Date & Place	Telephone (day time)
	Signature	Print Name

SEND THIS APPLICATION TO US BY MAIL ALONG WITH A PHOTOCOPY OF YOUR VALID ID