

**FORM FOR EXERCISING THE RIGHT TO OBJECT  
TO PERSONAL DATA PROCESSING**

I, ..... with ID/Passport No. ...., issued by (Country of issuance) ....., and home address ....., wish to invoke the right to object to the following processing activity which involves my personal data:

1.	
2.	
3.	
4.	

Please indicate the type of your business relationship with the Bank (e.g. customer, guarantor, representative/ supplier, external associate [nature of association], ultimate beneficiary, manager of a legal entity-customer of NBG Cyprus):  
.....  
.....

Signature of Data Subject: ..... Date: .....

**Please note** that the exercise/invocation of the right to object to personal data processing will not result in any charges.

It is further noted that the Bank shall proceed with all necessary actions to satisfy your request within the period of a month, unless these actions are characterised by complexity in which case the Bank reserves the right to extend the aforementioned period by up to two additional months. In such an event, you will be informed accordingly within a month of submitting your request.

If your request is not satisfied, you are entitled to contact the Office of the Commissioner for Personal Data Protection of the Republic of Cyprus ([www.dataprotection.gov.cy](http://www.dataprotection.gov.cy)).

For further information regarding your rights as well as the relevant General Data Protection Regulation (GDPR), 2016/679 of the European Union, you can visit the Bank's webpage ([www.nbg.com.cy](http://www.nbg.com.cy)) and/or contact the Data Protection Officer of the Bank via:

Post:	National Bank of Greece (Cyprus) Ltd 15 Makarios III Avenue, 1065 Nicosia, Cyprus
Telephone:	+ 357 22 840000
Fax:	+ 357 22 840010
Email:	<a href="mailto:dataprivacy@nbg.com.cy">dataprivacy@nbg.com.cy</a>

**For use only by NBG**

**RECEIPT OF REQUEST:**

Date of receipt of request: ..... Unit: .....

Received by: .....

**Actions taken by the Unit:**

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**PROCESSING OF REQUEST:**

Unit:

Officer's signature: ..... Date: .....

Head of the Unit signature: ..... Date: .....

**Actions taken by the Unit:**

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