

RIGHTS EXERCISE FORM

FORM TO REQUEST EXERCISE OF RIGHTS			
Date of request			
Information about applicant			
Surname :		Proof of identity*	
First name		<Attach or upload>	
Date of birth :			
Identification # :	REF_client_account_		
*Also attach the legal guardian's proof of identity for an application concerning a minor or incapacitated adult			
Method of communication and reply (check only one box)			
<input type="checkbox"/> I use an e-mail address for communication and receive replies at my request :	adresse@mail.com		
<input type="checkbox"/> I use another method of communication (specify which) :	I would like to receive a response in the mail at "....."		
Right(s) exercised :			
<input type="checkbox"/> Right of access Accessing personal data and obtaining a copy of it if needed.	Data and processing involved		
<input type="checkbox"/> Right to rectification Having one's data rectified if inaccurate.	Grounds	Data involved	Rectification to apply
	Additional documentary proof		
<input type="checkbox"/> Right to object Objecting to processing without legitimate or compelling grounds. <i>NB : In the event that the data is needed to perform a contract, the exercise of that right may lead to the termination of the relationship or the corresponding service</i>	Objecting to processing		
	Grounds	Processing involved	
<input type="checkbox"/> Right to restriction Having one's data saved but not consenting to having it processed (under conditions). <i>NB : Exercising this right may lead to the termination of the relationship or the corresponding service</i>	Grounds	Processing involved	
<input type="checkbox"/> Right to erasure Having one's data erased when it is no longer needed (under conditions).	Grounds	PD in question	
<input type="checkbox"/> Right to portability Receiving and transmitting one's data in a structured format (under conditions).	Grounds	PD in question	
END OF DOCUMENT			

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