Application for access to and/or rectification, erasure or blocking of personal data held pursuant to the U.S. Terrorist Finance Tracking Program (TFTP)

Form A – Identification Verification

1. Surname / Family name:

2. First Name(s):

3. Maiden / Other names:

4. Place of Birth:

5. Date of Birth:

6. Residential Address:

7. Telephone number*:

8. E-mail address*:

9. Type of identification document provided (please tick)

- ❏ Passport
- ❏ Driver licence
- ❏ Identity card
- ❏ Other official document (Please specify):_____

- ❏ Tick here to confirm that the document bears the photograph and signature of the person presenting it.

Signature of the Requester

Date

Signature of the National DPA

Date

* Not mandatory; this information will only be used to contact you for further information regarding your request.