BENDURA FUND
MANAGEMENT BETA AG · LIECHTENSTEIN

Exercising the rights of persons concerned in accordance with the General Data Protection Regulation (DSGVO)

The BENDURA FUND MANAGEMENT BETA AG (BFM-B) supports you, as a natural person concerned, when exercising your rights in accordance with the DSGVO.

So that the BFM-B can comply with your request, it is a prerequisite that you provide sufficient information for us to identify you.

For your identification we require the following information and documents:

First name	
Surname	
Current address	
Your status with the BFM-B:	☐ Client ☐ Authorised representative ☐ Economic beneficiary ☐ Recipient ☐ Representative for information ☐ Broker ☐ Delegate ☐ Recipient of marketing information ☐ Business partner ☐ Other: _____
Current e-mail address and other e-mail addresses provided to BFM-B for the relevant request	
Telephone number for the relevant request	
Identification documents	☐ Copy of your valid passport OR ☐ Copy of your valid identity card Please note that in case of doubt about the identity of the person concerned, the BFM-B reserves the right to request further information and documents.

Please inform us of your request:

☐ **Information**

Please inform us in detail as to which information you require from your personal data processed by BFM-B:

Data category: _____

Time range:
_____

Why is this information required?
_____

Other details:
_____
_____
_____

Please note that BFM-B depends on your co-operation for prompt handling. Should we have any questions about your request and/or require a more detailed substantiation we will contact you.

☐ **Amendment**

Please inform us as to which personal data should be amended and/or completed:

_____

The following documents are attached as proof for amendment/completion:

_____

Please note that in order to comply with legal requirements BFM-B may request that these details are in a specific form (e.g. notarial certification).

☐ **Deletion**

Please inform us as to which personal data should be deleted:

_____

Reason:

_____

_____

_____

_____   _____
Place/Date   Signature