**Withdrawal of Personal Data Consent Form**

*Your name:*

*Address:*

*PIN /other similar identifier/:*

*Contact details (e-mail):*

To

|  |  |
| --- | --- |
| **Name** | ABRITES LTD. |
| **Registration number** | 131566638 |
| **Headquarters** | 1407 Lozenets district, 147 Cherni Vrah Blvd., Sofia, Bulgaria |
| **Mailing Address** | 1407 Lozenets district, 147 Cherni Vrah Blvd., Sofia, Bulgaria |
| **Phone** | +359 2 955 04 56 |
| **E-mail** | info@abrites.com |
| **Website** | www.abrites.com |

I,

................................................ .................................................. .................................................. .............

/ *name of the data subject* /

want to withdraw my consent for the processing of my personal data from ABRITES LTD. for the purposes of...................................................................................................,

/ *indicate the processing activity for which the consent is withdrawn* /

Withdrawal of consent does not affect the legality of processing activities to date.

Date……………………………….

Names……………………………..

Signature:………………………….