



APPLICATION FORM FOR PERSONAL DATA PORTABILITY

TO SOUTH-WEST UNIVERSITY "NEOFIT RILSKI"

AS A PERSONAL DATA ADMINISTRATOR

I, the undersigned, BC ID number,
(first name, father's name, surname)

e-mail:, telephone number:.....

I herewith request that all personal data related to me that are collected, processed and stored in your databases be sent to:

Personal data collector:

Name:
BULSTAT registration number
Seat and registered office
Telephone number:
Website:

e-mail:.....;

I would like my personal data to be passed on to me / the Administrator I have indicated in the selected format

Data Format:

- XML
- CSV
- JSON
- Друг:.....;

Electronic media:

- CD;
- DVD;
- USB;
- e-mail;

Date:.....

Signature:

.....