

Authorisation for receiving information covered by secrecy from service provider

I hereby authorise FINE to obtain and receive, from the relevant credit institution, insurance company or insurance office, pension fund or pension society, investment firm, fund management company, any of their affiliates and group companies, any service company used by them and, if necessary, from the authorities, all the information concerning my case/the case of the company or organisation I am representing and the related customer relationship with the banking, insurance or investment services or investment fund that is necessary for the examination of the case, any secrecy provisions notwithstanding. This authorisation covers all the information that I am entitled to receive on the basis of my position.

I have been informed about the way FINE processes and stores my personal data in the context of examining my case/the case of the company or organisation I am representing. I understand that, in order to examine the case, FINE needs to notify the service provider who is the other party in the proceedings and the insured who is being heard in the liability insurance matter about the information I have given with my request for clarification/complaint as well as at a later stage during the examination.

I also understand that, in order to identify me, FINE needs to process my personal ID code.

My personal ID code is: _____

(To be filled in only in the case of a private person).

I hereby authorise: _____

to act as my agent and to receive the aforementioned information.

(Always to be filled in if an agent handles the case on behalf of the customer).

Place and date

Signature and name in print

FINE cannot examine the case without a signed authorisation.