

appropriate procedures and security measures in accordance with the applicable regulations on the protection of personal data. The insured person may withdraw his/her consent to the processing of personal data at any time in the same way as he/she gave it. The insured person(s) or the payee(s) shall also have a right of information regarding the personal data concerning him/her, which he/she may address to the following address dpo@zzzs.si.

To be completed by ZZZS

Date of receipt of mandate

Responsible person (first and last name,
signature)
