SUBMISSION OF APPEAL ON RESTRUCTURING FORM

Customer Information		
Customer's name:	ID / Company Reg. number:	
Contact Details		
Contact's name:	Phone 1:	
Postal address:	Phone 2:	
E-mail:	Fax:	
Account Number(s):		
Reason for the Appeal:		
Attached evidence: Please attach any documents supportingyour appeal, e.g., correspondence with		
the bank or credit institution, bank statement, credit facility, etc.		
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5.		

PRIVACY STATEMENT

I understand that as the Data Controller, Themis Portfolio Management Holdings Ltd (hereafter "Themis") shall process my personal data for the purposes of considering my appeal. I also understand that the processing is based on the provisions of the relevant legislation, specifically the "Directives on Arrears Management of 2015 to 2020".

If - as part of my appeal - I attach any supporting medical information, I hereby provide my express consent to Themis for the respective processing. I understand that I have the right to withdraw my consent at any time by sending an email to dpo@themispm.com, without however affecting the lawfulness of processing that took place before such withdrawal.

I have been informed of Themis Portfolio Management Holdings <u>Privacy Policy</u> and of my right to contact Themis' Data Protection Officer at <u>dpo@themispm.com</u> for any queries or other information regarding my privacy-related rights.

Customer's signature:	
Date:	
For internal use:	
Received from:	_
Date of receipt:	_
Signature:	
Reference no:	