

SUBJECT ACCESS REQUEST¹

1. The data subject's data:

Please fill in the form below with your data, so that Paysera can identify you and provide the requested information or contact you.

Name	
Surname	
Phone number	
Email address	
Date of birth	
Other (e.g. invoice number)	

2. Request of access to personal data:

Please allow to access my personal data processed by Paysera (check the required data).

Paysera system (including Paysera App)

Name	<input type="checkbox"/>
Surname	<input type="checkbox"/>
National identification number (personal code)	<input type="checkbox"/>
Date of birth	<input type="checkbox"/>
Address (residence place)	<input type="checkbox"/>
Document number	<input type="checkbox"/>
Documents copy	<input type="checkbox"/>
Video broadcast (if the person has been identified this way)	<input type="checkbox"/>
Account number	<input type="checkbox"/>
Phone number	<input type="checkbox"/>
Email address	<input type="checkbox"/>
Citizenship	<input type="checkbox"/>
IP address	<input type="checkbox"/>
Unique user's ID	<input type="checkbox"/>
Verification in public registers and lists	<input type="checkbox"/>
Payment transactions (account statement)	<input type="checkbox"/>
KYC questionnaire and its details	<input type="checkbox"/>
Information of the payment card linked to the mobile application (issuer, number, cvv)	<input type="checkbox"/>
Phone call recording (if the call was to the Client Support). Please specify the time of the phone call, which should be no more than 6 months ago: _____	<input type="checkbox"/>
Video surveillance recording (if the client visited the Client Service Center). Please specify the time of the visit, which should be no more than 6 months ago: _____	<input type="checkbox"/>
Debt	<input type="checkbox"/>
Paysera card number, expiration date, transactions, delivery address (if the card has been issued)	<input type="checkbox"/>

Paysera Tickets system (Buyer)

Name	<input type="checkbox"/>
Surname	<input type="checkbox"/>
National identification number (personal code)	<input type="checkbox"/>
Date of birth	<input type="checkbox"/>
Address (residence place)	<input type="checkbox"/>
Account number	<input type="checkbox"/>
Phone number	<input type="checkbox"/>
Email address	<input type="checkbox"/>
IP address	<input type="checkbox"/>
Payment transactions (account statement)	<input type="checkbox"/>
Phone call recording (if the call was to the Client Support). Please specify the time of the phone call, which should be no more than 6 months ago: _____	<input type="checkbox"/>
Video surveillance recording (if the client visited the Client Service Center). Please specify the time of the visit, which should be no more than 6 months ago: _____	<input type="checkbox"/>

Paysera Tickets system (Merchant)

Name	<input type="checkbox"/>
Surname	<input type="checkbox"/>
National identification number (personal code)	<input type="checkbox"/>
Date of birth	<input type="checkbox"/>
Document number	<input type="checkbox"/>
Document's copy	<input type="checkbox"/>
Account number	<input type="checkbox"/>
Phone number	<input type="checkbox"/>
Email address	<input type="checkbox"/>
Citizenship	
IP address	<input type="checkbox"/>
Phone call recording (if the call was to the Client Support) (please specify the time of the phone call, which should be no more than 6 months ago): _____	<input type="checkbox"/>
Debt	<input type="checkbox"/>

LightSMS system

Name	<input type="checkbox"/>
Surname	<input type="checkbox"/>
Account number	<input type="checkbox"/>
Phone number	<input type="checkbox"/>
Email address	<input type="checkbox"/>
IP address	<input type="checkbox"/>
Unique user's ID	<input type="checkbox"/>

MainIBAN system

Name	<input type="checkbox"/>
Surname	<input type="checkbox"/>
Date of birth	<input type="checkbox"/>
Account number	<input type="checkbox"/>
Phone number	<input type="checkbox"/>
Citizenship (or residence country)	<input type="checkbox"/>
Account currency	<input type="checkbox"/>

3. The way you prefer to receive a response²

I wish to receive a response:

- via registered mail to _____
- via email to _____
- personally at the branch of Paysera

You must sign the request with your qualified e-signature.

Name and surname

Signature

¹ If you have any questions regarding filling the application, please contact the data protection officer of Paysera LT, UAB by email to dpo@paysera.com

² If you do not specify a preferred way to receive the data, we will provide a response through the same channel the request was submitted.