Application for access to and/or rectification, erasure or blocking of personal data held pursuant to the U.S. Terrorist Finance Tracking Program (TFTP)

Form A – Identification Verification

1. Surname / Family name:

2. First Name(s):

3. Maiden / Other names:

4. Place of Birth:

5. Date of Birth:

6. Residential Address:

7. Telephone number*:

8. E-mail address*:

9. Type of identification document provided (please tick)

- ☐ Passport
- ☐ Driver licence
- ☐ Identity card
- ☐ Other official document (Please specify):_____

- ☐ Tick here to confirm that the document bears the photograph and signature of the person presenting it.

Signature of the Requester   Date

Signature of ANSPDCP   Date

* Not mandatory; this information will only be used to contact you for further information regarding your request.