

**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 D – Waiver**

I,

*(please fill out your full name in the box above)*

hereby authorize

*(please fill out the name of your national data protection authority in the box above [see Annex I])*

to make a request on my behalf to the U.S. Treasury Department pursuant to Article 15 and/or Article 16 of the Agreement between the United States of America and the European Union on the Processing and Transfer of Financial Messaging Data from the European Union to the United States for the Purposes of the Terrorist Finance Tracking Program; authorize ANSPDCP identified above to disclose personal data submitted in connection with this request to the U.S. Treasury Department; and consent to the U.S. Treasury Department disclosing my personal data to ANSPDCP identified above in connection with any response to the request.

Signature of the Requester

Date

Signature of ANSPDCP

Date