**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 the National DPA Date

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