

	<b>APPLICATION TO CORRECT INFORMATION - LEGAL ENTITY</b>	ΣΕΛΙΔΑ	ΚΩΔΙΚΟΣ
		1 από 1	A6-040

**To:**  
**Artemis Credit Bureau Ltd**  
**P O Box 28298, 2092 Nicosia, Cyprus**

According to the relevant information provided in this application, please proceed to the necessary actions for the **correction of the Data** maintained in your Database and concern the Legal Entity for which the necessary information is included in this form.

**PLEASE FILL IN THE SECTIONS 1-5:**

**1. LEGAL ENTITY'S (APPLICANT) INFORMATION:**

LEGAL ENTITY NAME: \_\_\_\_\_ CONTACT TELEPHONE: \_\_\_\_\_

**COMPANY REGISTRATION NUMBER**

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COUNTRY OF REGISTRATION: \_\_\_\_\_

**2. APPLICANT'S REPRESENTATIVE INFORMATION:**

NAME: \_\_\_\_\_ ΕΠΩΝΥΜΟ: \_\_\_\_\_ CONTACT TELEPHONE: \_\_\_\_\_

**IDENTITY NUMBER**

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**OR / AND**

**PASSPORT NUMBER**

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COUNTRY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**3. DATA TO BE CORRECTED:**

TYPE OF DATA TO CORRECT ACCORDING TO THE BELOW CODIFICATION (Code 1-5 as in Note A)	ACCOUNT / LEGAL ACTION / COURT DECISION NUMBER	REASON FOR CORRECTION BASED ON THE BELOW CODIFICATION (Code 1-6 as in Note B)	DATA UNDER RESTRICTION; (Tick if applicable)	Name of Bank / Credit Acquiring Company	TICK IF THERE ARE ANY ATTACHMENTS
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>

**NOTES:**

**A.** Type of Data to correct

1	2	3	4	5
Account	Legal Action / Court Decision	Connected Person	Central Information Registry (CIR)	Bankruptcy Registry

**B.** Reason for correction

1	2	3	4	5	6
Repayment	Exemption	Incorrect Connection	Incorrect Identification details	Reinstated by right	Other reason .....

**4. I WISH TO RECEIVE THE WRITTEN RESPONSE OF ARTEMIS CREDIT BUREAU:**

AT ARTEMIS CREDIT BUREAU OFFICES:  BY POST OFFICE:

**MAILING ADDRESS:** STREET: \_\_\_\_\_ No.: \_\_\_\_\_ FLAT No.: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ CITY: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

OR PO Box: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**5. CONFIRMATION**

A decision of the Board of Directors of the Legal Entity thereby affirming its representative is required, along with a copy of the "Certificate of Directors and Secretary" of the Company issued less than one year ago.

**NOTE:** The signatures of the Directors and Secretary in the decision of the Board of Directors should be attested by a Certifying Officer.

**I confirm the accuracy of the above**

LEGAL ENTITY'S REPRESENTATIVE

COMPANY'S STAMP & REPRESENTATIVE'S SIGNATURE

DATE: \_\_\_\_\_




*NOTE: For information regarding the processing of your personal data by the Customer Service Office of the Artemis Credit Bureau and other relevant information, you can refer to the "Consumer Contact Privacy Notice" which is posted on the website of the company ([www.artemis.com.cy](http://www.artemis.com.cy)) and is also available at the Artemis Credit Bureau's Customer Service Office.*

**FOR ARTEMIS CREDIT BUREAU INTERNAL USE ONLY:**

APPLICATION NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

<b>VERSION REVISION / DATE</b>  15.1 / 12.08.2022	<b>Contact information</b> Tel.: 22 454777 Fax.: 22 420135	Email: info@artemis.com.cy http://www.artemis.com.cy	 ISO 9001 QS.1.10.019	 ISO 27001 ISMS.16.003	 ISO 22301 BC.22.001
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