

## Form

### for complaints of mistaken identity or identity theft

If you have any further questions, please do not hesitate to contact us by e-mail [datenschutz@mediafinanz.de](mailto:datenschutz@mediafinanz.de) or phone 0541-2029-505

#### Identification of the complainant

Title \_\_\_\_\_

First name \_\_\_\_\_

Surname \_\_\_\_\_

Birth name \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Company \_\_\_\_\_

Form of organisation \_\_\_\_\_

Contact person \_\_\_\_\_

#### Current address:

Street with house number \_\_\_\_\_

Postcode/City \_\_\_\_\_

Country \_\_\_\_\_

#### Previous address(es)

Street with house number \_\_\_\_\_

Postcode/City \_\_\_\_\_

Country \_\_\_\_\_

Street with house number \_\_\_\_\_

Postcode/City \_\_\_\_\_

Country \_\_\_\_\_

Street with house number \_\_\_\_\_

Postcode/City \_\_\_\_\_

Country \_\_\_\_\_

