

| | | |
|---------------------|---|---|
| Identification data | Name, surname/name, personal identity code/code of the customer | |
| | Name, surname/name, personal identity code/code of the authorised¹ person | |
| | Name, surname/name, personal identity code/code of the payer² | |
| Contact details | E-mail address | |
| | Telephone number | |
| | Address | |
| | E-delivery mailbox (E-delivery) | <input type="checkbox"/> Mailbox activated. <input type="checkbox"/> Mailbox not activated. |

To the State Enterprise Centre of Registers

APPLICATION FOR PROVISION OF DATA FROM THE REGISTER OF PROPERTY SEIZURE ACTS

(Date)

(Place)

1. I hereby apply for the provision of data from the Register of Property Seizure Acts and issuance of an excerpt of the Register from the Register database.

2. Scope of the Register data:

- ☐ Short message;
- ☐ Summary of documents;
- ☐ Detailed information;
- ☐ Detailed information from the archive (about properties that have been deregistered).

3. Criteria for searching the Register data (*choose one of the search criteria*):

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Identification code of the property seizure act in the Register of Property Seizure Acts | | | | | | | | | |
| or | | | | | | | | | |
| <input type="checkbox"/> Identification code of the seized property in the Real Property Register if the seized property is registered in the Real Property Register | | | | | | | | | |
| or | | | | | | | | | |

¹ To be filled in when the application is submitted by an authorised person.

² Fill in when the payer is another person, not the customer.

| | | | | | | | | | | | | | | |
|---|---------------|--|--|--|--|---|--|--|--|---|--|--|--|--|
| <input type="checkbox"/> Personal identity code of the debtor and/or the owner of the seized property | | | | | | | | | | | | | | |
| or | | | | | | | | | | | | | | |
| <input type="checkbox"/> Date of birth, name and surname of the debtor and/or the owner of the seized property <i>(to be completed in cases where the natural person is not registered in the Population Register of the Republic of Lithuania)</i> | Date of birth | | | | | - | | | | - | | | | |
| | Name | | | | | | | | | | | | | |
| | Surname | | | | | | | | | | | | | |
| or | | | | | | | | | | | | | | |
| <input type="checkbox"/> Code of legal entity of the debtor and/or the owner of the seized property | | | | | | | | | | | | | | |

3. **Legal basis for obtaining the Register's data** is Article 5 (1) of the Law on the Register of Property Seizure Acts and Points 58, 59 and 64 of the Regulations of the Register of Property Seizure Acts.

4. **Purpose of using the Register data** *(specify the legitimate and defined purpose of data use):*

5. The application shall be accompanied by the following documents:

| No. | Title of document |
|-----|-------------------|
| 1. | |
| 2. | |
| 3. | |

6. I request the prepared documents *(tick the appropriate box and enter additional information):*

| | |
|---|---|
| <input type="checkbox"/> To be e-mailed | |
| <input type="checkbox"/> To be delivered via the E-delivery system. | If E-delivery mailbox is activated ³ . |
| <input type="checkbox"/> To be sent by mail | |
| <input type="checkbox"/> I will pick it up in person at the following unit of the State Enterprise Centre of Registers: | [Select or enter.] |

7. I guarantee payment for the service provided:

| | |
|---|--|
| <input type="checkbox"/> Use the available balance <i>(if any)</i> . | |
| <input type="checkbox"/> E-mail invoice for payment to <i>(specify)</i> | |

Consent to the processing of personal data for the purposes of improving the quality of customer service and performance efficiency⁴:

³ If, during the sending of documents, it turns out that the E-delivery mailbox is not active, the documents will be sent by e-mail.

⁴ By giving your consent, you provide your personal data to the Centre of Registers. You can read the rules for processing of personal data at the State Enterprise Centre of Registers at [Asmens duomenų apsauga](#).

- ☐ I agree that the Centre of Registers contacts me for the purposes of improving the quality of customer service and performance efficiency using the e-mail address and/or telephone number indicated in this application. I know I have the right to withdraw this consent at any time by submitting a written application addressed to the Centre of Registers, Studentu str. 39, 08106 Vilnius, which I can deliver in person or signed with an e-signature by e-mail info@registrucentras.lt. I know that the withdrawal of consent does not affect the lawfulness of the personal data processing based on the consent before its withdrawal.
- ☐ I do not agree that the Centre of Registers contacts me using the e-mail address and/or telephone number.

| | |
|------------------------|--------------------|
| | |
| <i>(Name, surname)</i> | <i>(Signature)</i> |