Form of request to exercise rights as per Regulation (EU) 2016/679 by a data subject

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| Data about the individual\* |
| Full name |  |
| Date of birth |  |
| Other |  |
| Contact data |
| Address |  |
| Telephone number |  |
| email |  |

\* It is not mandatory to fill in all fields. It is sufficient to fill in enough fields that will ensure unambiguous recognition of the person.We will use the information to duly identify you and to contact you. We may ask you to provide further information necessary to confirm your identity.

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| --- |
| Representative of the data subject |
| Full name |  |
| Date of birth |  |
| Reason for representation | (notarized power of attorney, certificate of guardian appointment or other should be attached) |
| Contact data |
| Address |  |
| Telephone number |  |
| E-mail |  |

|  |  |
| --- | --- |
| Type of request | Description of the request and the data it concerns |
| Request for access | □ |   |
| Request for correction | □ |  |
| Request for deletion(right to be forgotten) | □ |  |
| Request for restriction of processing | □ |  |
| Opposition against processing | □ |  |
| Request for information about recipients of personal data in cases of correction or deletion of personal data or restriction of processing | □ |  |
| Request to exercise the right of portability of personal data | □ | ☐ to receive the requested personal data to my e-mail address☐ to share the requested data with another personal data administrator☐ to receive the requested personal data to my e-mail address and share them with another personal data administratorInformation about the personal data administrator with which I would like to share the requested data: (company name, address, p.c., city/town, telephone number, email, Bulstat, UIC, International Registration Number) |
| Other | □ |  |

*Within one month from receiving the request we will inform you at the preferred address you have provided / email address about any correspondence regarding the actions taken in relation to the submitted request and the reply to it. In case the number and complexity of the requests submitted by you require more detailed research, the period of reply may be extended by two more months, and you will be duly informed about this extension.*

**I would like to receive a reply to the request:**

☐ to the address for correspondence

☐ to my email address

Date:……………… ……………………………

 /name, surname, signature –

 when submitting on paper/