

**SUBMISSION REQUEST FORM
FROM THE DATA SUBJECT TO EXERCISE ITS RIGHTS ACCORDING TO THE
REGULATION (EU) 2016/679**

Data subject's information:

Individual data	
Full name	
Unique identifier	
ID number	
Customer number	
Another	
ID document	
ID card number/passport number/ID document for a foreigner	
Issued on	
Issued by	
Expiration date	
Contact data	
Country	
Current address	
Phone number	
E-mail address	
Additional data for identification	

All fields indicated in the SUBMISSION REQUEST form must be properly completed in order to ensure the unambiguous identification of the Data subject (person). This ensures that the request will be fulfilled and the misuse of data on requests submitted by unscrupulous third parties will be avoided.

Representative of the Data subject:

Do you act as a representative on behalf of the Data subject?	N O <input type="checkbox"/>	YES <input type="checkbox"/>
If YES, please indicate in what role do you act (eg. parent, guardian, trustee, authorized representative)		

Representative's data:

Full name	
ID number	
Contact data	
Country	
Current address	
Phone number	
E-mail address	

Additional data for Representative's identification (power of attorney or document proving the representative authority)	
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In what role do you wish to exercise your rights under Regulation (EU) 2016/679:

Data subject's role	
Current /former client	YES <input type="checkbox"/>
Supplier / partner	YES <input type="checkbox"/>
Legal representative / beneficial owner / proxy / related party / of a company / organization	YES <input type="checkbox"/>
Name of the company / organization	
UIC / foreign registration number	
Other (please specify)	

In order to get a correct reply, please indicate exactly which right you wish to exercise, as well as the processing activities to which the request relates

Request type:	
Request for access	YES <input type="checkbox"/>
Request for correction	YES <input type="checkbox"/>
Request for erase (right to be forgotten) In case of legal or contractual grounds for data processing, it is not possible to erase your data	YES <input type="checkbox"/>
Request to restrict processing	YES <input type="checkbox"/>
Objection to processing	YES <input type="checkbox"/>
Request for data portability	YES <input type="checkbox"/>
Other (please specify)	

Description of the request, the processing activities and the data to which it relates
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2. DECLARATION

I, the undersigned..... ,
declare that the above information is correct and hereby state this
to..... my request regarding described above the data and activities

I have been informed that the submission of this request to a controller for the exercise of the Data subject's rights pursuant to Article 15 to Article 21 of Regulation (EU) 2016/679, as well as the receiver of the requested information or data, where such are due, may be performed according to the rules and procedures of the controller in each office of INFONOTARY PLC by the Data subject or an explicitly authorized representative, upon presentation of an official ID document/power of attorney.

Date:

Signature:

An employee accepted the request:

Signature: