

REQUEST FORM OF EXERCISE OF RIGHTS REGARDING PERSONAL DATA

1. Details of the applicant

Name *:	
Customer*:	
Other capacity*:	
Address* ¹	Street: _____ Number: _____
	Zip Code: _____ City: _____
	Country: _____
	Email*: _____
VAT number*:	
Contact number(s) ² :	Fax:
Attached documents: 1) Copy of identification card	<input type="checkbox"/>
2) Other evidence supporting the identity	<input type="checkbox"/>

¹The request can only be submitted by the natural person (Subject) related to the personal data. You must fill in your mail or email address if you wish a written answer. You must fill in your phone number or your email address. Also, your VAT number is required for your identification and easier investigation of your request.

² Contact number shall be provided in order to communicate the applicant if deemed necessary for the provision of additional data regarding either his or her identification or the satisfaction of the relevant request.

2. Details of the representative

Name ³ :	
Address	Street: _____ Number: _____
	Zip Code: _____ City: _____
	Country: _____
	Email: _____
VAT number: _____	
Contact number(s): _____	Fax: _____
Attached documents ⁴ : 1) Copy of identification card	<input type="checkbox"/>
2) Other evidence supporting the identity	<input type="checkbox"/>

3. Exercise of rights request⁵

<input type="checkbox"/> Right of access
<input type="checkbox"/> Right to rectification
<input type="checkbox"/> Right to erasure ("right to be forgotten")
<input type="checkbox"/> Right to restriction of processing
<input type="checkbox"/> Right to data portability
<input type="checkbox"/> Right to object
<input type="checkbox"/> Right to object to automated individual decision-making and profiling
<input type="checkbox"/> Right to specific legislation on the protection of data in electronic communications

³ In case of representation by a third person, the authorisation document along with attested signature of the authorising person-applicant must be submitted.

⁴ The identification of the applicant and the attachment of a copy of his or her identification card or other legitimate document proving his or her identity are required for the submission of the request. Otherwise, the request cannot be received by the Agency to which you submitted it and, therefore, be reviewed by the competent Agency.

⁵ The applicant must fill in the right he or she wishes to exercise.

4. Description of request ⁶

5. Instructions for the completion of the form

1. Please fill in all of the above fields, after having read carefully the relative guidance notes.
2. You can submit the provision of information request form with the following methods:
 - a. By email at dpo@interasco.gr
 - b. By mail to the offices of Interasco, at Vas. Georgiou 44 & Kalvou Street, Chalandri, Athens, 152 33
 - c. In person at the offices of Interasco, from where your request will be forwarded to the Data Protection Officer
3. It should be noted that Interasco SAGI will provide a copy of the personal data upon submission of the relative request, but for any additional copies Interasco reserves the right to charge a reasonable fee.
4. The data you provide during the completion of the form will be used by Interasco SAGI solely for responding to you request. Depending on the nature of your request, your information will be forwarded to the competent departments of the company in order to achieve a prompt response.
5. It is noted that the exercise/invocation of the right to object to the processing of personal data is free of any charge.
6. Interasco SAGI shall be making every possible effort to take the necessary actions within thirty (30) days from the date you invoke/exercise the right, unless the tasks regarding the satisfaction of the request are characterized by particularities or/and complexities based on which Interasco SAGI shall reserve the right to extend the period for the fulfillment of the tasks. In any case, you shall be notified within a

⁶ Describe your request in detail. For your facilitation, learn about your rights in the website of Interasco SAGI, at www.interasco.gr

month from the date you submit the request for any extension regarding the relative answer from the competent Agency.

7. The application with your data will be kept for five (5) years in the company's filing system, reserving the right to extend that period in case of exercise of legal claims.
8. If you consider that the invocation of your right is not fulfilled, you have the right to contact the Hellenic Data Protection Authority.(www.dpa.gr)
9. For more information regarding your rights and the General Data Protection Regulation 2016/679 of the European Union these rights are governed by, you can always contact the Data Protection Officer of Interasco SAGI via telephone at 210-6793192 and via email at dpo@interasco.gr

I declare that my particularities are accurate and true and I consent to the their processing by Interasco SAGI for the specific processing purpose.

Place, _____

Date, _____

Signature