

Personal Data Request Form

Part 1: For Personal Data Subjects (Please complete information)

Name – Surname: ID number

Address:

E-Mail: Tel:

Purpose to manage personal data as follows:

- | | |
|---|---|
| <input type="checkbox"/> Object to the collection, use, disclosure of personal data | <input type="checkbox"/> Withdrawal of Consent |
| <input type="checkbox"/> Portability personal data | <input type="checkbox"/> Rectification personal data |
| <input type="checkbox"/> Restrictions on processing personal data | <input type="checkbox"/> Erasure, destroy personal data |

Details

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Note

I hereby certify that Information mentioned above Including all supporting documents for submitting this form are correct and true in all respects and are legally compliant. If after checking it is found that the text or document is not correct as it is not true, any damages caused to the company shall be borne by me. I agree to be liable for all damages incurred and other legal responsibilities..

I understand and agree that the company collects and uses my personal information reasonably based on business needs.

Signed data subject

(.....)

Date

Part 2: For the staff

Name – Surname: Dept:

Telephone: E-Mail:

Send a request to the department:

Date / Time: