**Form for the exercise of Data Subject’s rights**

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| **IDENTITY INFORMATION ON THE PERSON (DATA SUBJECT) WHO WANTS TO EXERCISE RIGHTS REGARDING THE PROTECTION OF PERSONAL DATA[[1]](#footnote-1)** |
| NAME AND SURNAME |  |
| NATIONAL IDENTIFICATION NUMBER OR OTHER ID NUMBER (specify document)[[2]](#footnote-2) |  |
| PREFERRED CONTACT INFORMATION |  |
| **PLEASE SPECIFY RIGHTS REGARDING PERSONAL DATA PROTECTION YOU WANT TO EXERCISE (tick applicable boxes)** |
| [ ]  Right of access[ ]  Right to rectification[ ]  Right to erasure (‘to be forgotten’)[ ]  Right to restriction of processing | [ ]  Right to data portability[ ]  Right to object[ ]  Rights related to automatic decision making and profiling |
| **REMARK (please provide details concerning the request)** |
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| **Date** |  | **Applicant Signature** |

FILLED IN BY OPTIMAPHARM

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| **INFORMATION ON RECEIPT OF REQUEST** |
| **Request received on** |  |
| **Name and signature of the employee** |  |
| **Competent organizational unit** |  |

1. The data collected in this form will be used by OPTIMAPHARM d.o.o. to exercise the rights of Data Subjects in accordance with the General Data Protection Regulation (EU) 2016/679 and for the purpose of answering inquiries and complaints of Data Subjects in accordance with the established Privacy Policy. The data in the fields are mandatory, and in cases where they are not provided OPTIMAPHARM d.o.o. will not be able to respond to the request. The data will be kept for a period of 5 years. All other information that OPTIMAPHARM d.o.o. is obliged to provide to the Data Subjects in accordance with the above regulation is contained in the [Privacy Policy](https://optimapharm.eu/privacy-policy/), which is published on the website and available in all company branches. [↑](#footnote-ref-1)
2. This is used to legally disambiguate Data Subjects that share the same name/surname. The document can be a national ID card, driver’s licence, etc. [↑](#footnote-ref-2)