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| IOSEC, sro | internal |

**Application form for access to personal data**

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| The person concerned has the right to obtain a certificate from the operator   whether the personal data relating to it are being processed. If the operator processes such personal data, the person concerned has the right to access   this personal data. | |
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| If you send a request by mail, please use the following address:  **Data Protection Officer**  **VGD SLOVAKIA sro**  **Moskovska 13**  **811 08 Bratislava** | |  |
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| If you send the request by email, please use the following address: dpo.vgdslovakia@vgd.eu .Enter the "Request for access to personal data" field in the subject field of the e-mail . | |  |
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| **1.** **Name a**  **surname** | **2.** **Date of birth** |  |
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| **3.** **Address** | |  |
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| **4.** **Phone** | |  |
| Home Phone : | Mobile : |  |
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| **5.** **Required information to**  **personal data** **:** | |  |
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| **6.** **If you want to help us find the information you need, please provide us with the required information as much as possible (for example, copies of emails between <date> and <date>).** **If we do not receive sufficient information to find the requested** **personal** **information, we may not be able to comply with your request** **.** | |  |
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| **7.** **Will information be provided to the person concerned or his representative?** | |  |
| For the person concerned ☐             representative ☐    If data is sent to a representative, sections 9 and 10 must be filled in. | |  |
| **8.** **I confirm that I am** **the person concerned** | |  |
| Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name and Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Attach a copy of the identity and address document. | |  |
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| **9. (** **If you have** **question 7 "Representative")** **The person concerned** **(** **person** **who** **ej** **the personal** **data** **subject) must provide written** **s** **confirmation** **of release of information to its authorized representative** **.** | |  |
| I hereby grant my authorization for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    bytom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(fill in the name of the authorized representative for access to* *your* *personal data* *)*   Signature of the person concerned : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Printed Name and Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
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| **10.** **(To be completed by a representative of the person concerned) I certify that I am the authorized representative of** **the person concerned** **.** | |  |
| Name of authorized representative and the address at which accounts are to be sent personal data:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_   Printed Name and Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date : \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
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| We will do our utmost to process a request for access to data subjects as soon as possible within 30 calendar days. However, if you have any questions while processing your request, please do not hesitate to contact us at this e-mail address: dpo.vgdslovakia@vgd.eu | |  |
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