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| --- | --- | --- |
| **REFERENCE No\*:** |  |  |
| **DATE OF RECEIPT OF APPLICATION** |  |  |

\*To be completed by Vianex Group

**You have the right to request access to, correction of, deletion of, limitation of processing of,**

**portability of, objection to the processing of personal data about we may keep in our records.**

**This is known as the right of a data subject to request access to, correction of, deletion of, limitation of processing of, portability of, objection to the processing of personal data (DSAR).**

**The data subject is a person who is the subject of personal data.**

**If you would like to make a DSAR, please complete this form and send it to us by post or email.**

**If you use the post, please send to the following address:**

**VIANEX SA**

**Tatoiou Street**

**18th km Athens-Lamia National Road,**

**Nea Erythrea, 146 71**

**If you use email , please use the following address:**

[**dpo@vianex.gr**](mailto:dpo@vianex.gr)**. Please write ‘DSAR’ in the subject line.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Data subject’s full name:**  **………………………………………………………** | | | **2. Data subject’s date of birth:**  **……………./ ………/ ………** | |
| **3. Data subject’s address:**  **…………………………………………………… No : …………………………………………**  **Region: ………………………………………… City: ………………………….Postcode:………….** | | | | |
| **4. DATA SUBJECT’S TELEPHONE NUMBERS:** | | | | |
| **Home number** …………………………… **Mobile number:** …………………………… | | | | |
| **5. WHAT IS THIS REQUEST ABOUT?** | | | | |
| |  | | --- | | **Access☐ Correction ☐ Deletion ☐ Limitation of processing ☐ Portability ☐ Objection to processing ☐** | | | | | |
| |  | | --- | |  | | **6. DETAILS**  **OF THE DATA:** | | | | | | |
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| **7. To help us identify the information in question, please describe the data referred to in your request in as much detail as possible (e.g. copies of emails dated between <date> and <date>.**  **If we do not receive adequate information to identify the data related to your current request, we might not be able to process your request.** |
| **8. Should our reply be sent to the data subject or their representative?**  **To the data subject ☐ To the representative ☐**  **If the information should be sent to a representative, please fill in paragraphs 10 and 11** |
| **9. I confirm that I am the Data Subject:**  **Signature: ……………………………………………………………………………………………**  **Full name: …………………………………………………………………………………….**  **Date: …./…./……...**  **I enclose/attach a copy of my ID and proof of address.** |
| **10. (To be completed if the answer to question 8 is ‘to the representative’)**  The Data Subject (whose data is being requested) must provide a written authorisation allowing us to make the data available to their authorised representative.  **I hereby authorise**  **.…….…………………………………………………………………………………………………………**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(specify the name of the authorised representative) to request access to my personal data.  **Signature of Data Subject:**  **...................................................................................................**  **Full name:  …………………………………………………………………………………….** |
| **11. (To be completed by the representative of the data subject)**  **I declare that I am the authorised representative of the data subject.**  **Name of the authorised representative and address to which the personal data will be sent:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Full name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **We make every effort to process your request for access to your data as fast as possible within 30 calendar days.**  **However, if you have any questions while your request is pending, do not hesitate to contact us at this email address:** [**dpo@vianex.gr**](mailto:dpo@vianex.gr) |