**APPLICATION FORM FOR EXERCING MY RIGHTS**

|  |  |
| --- | --- |
| TO | Controller: HUMANRIGHTS360ADDRESS: ATHENS, 95 Vasilissis Sofias Ave.tel .: +30 210 6400214e-mail: …………………. |

**APPLICANT'S DATA**

|  |  |
| --- | --- |
| Name: |  |
| Last name: |  |

**What about this application?**

□ Access

□ Correction

□ Delete

□ Processing Restriction

□ Portability

□ Objection to Processing / Withdrawal of consent

**Describe your request**

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**Choose How You Want to Receive Your Answer:**

|  |
| --- |
| 1. Receive it in the e-mail …………………………………
 |
| 1. Receive it by mail to the mailing address

Street …………………………………………Number ……City ………………… Post Code……….. |

I declare responsibly that all the information mentioned in the Application is accurate and true.

**UPDATE**

|  |
| --- |
| • We respond to your Requests free of charge without delay, and in any case within (1) one month from the time we receive your Request. However, if your Request is complex or there is a large number of your Requests, we will notify you within a month if we need to extend another (2) two months within which we will respond to you. If your Requests are manifestly unfounded or excessive in particular due to their recurring nature, the company HUMANITIES360 may charge a reasonable fee, taking into account the administrative costs of continuing to provide information or refusing to do so. Request.• Applications are kept for 5 years from receipt.• The personal data you provide through this Request is being processed by the company HUMANITIES360, in order to examine the satisfaction of your Request for the protection of your personal data (as required by Regulation 679/2016 / EU), is limited to the absolutely necessary do not relate to specific categories of data or data on criminal convictions or offenses, may be accessed by Editors, such as the postal company with which our response is sent to you, we do not respond to you using automated decision making, you have on their rights to correct, delete, restrict, oppose the processing and in case your request for a complaint to the APDPX is not satisfied. |

**Date: \_\_ / \_\_ / 20\_\_**

**The Applicant**

**(Signature)**