



DATA SUBJECT ACCESS, RECTIFICATION, RESTRICTION OF PROCESSING, OBJECT TO PROCESSING, ERASURE REQUEST FORM

You have the right to request access, rectification, restriction of processing, erasure and object to processing for personal data we may hold about you. This is known as a Data Subject Access, rectification, restriction of processing, object to processing and the right to be forgotten Request ("DSAR"). A data subject is an individual who is the subject of the personal data. If you wish to make a DSAR, please complete this form and return to us by post or email.

If sending by post, please use the following address:

SEKAVIN SA
Miaouli 53-55,
18536 Piraeus
Greece

If sending by Email, please use the following address: [gdpr@sekavin.gr]. Please write "Data Subject Access Request" in the subject field of the email.

1. Data Subject's Full Name

2. Data Subject's Date of Birth

3. Data Subject's Current Address

4. Data Subject's Telephone Number

Home Telephone No:

Mobile Telephone No:

5. Details of data requested:

Access rectification erasure restriction of processing portability object to processing

6. To help us search for the information you require, please let us know the data you require with as much detail as possible (e.g. copies of emails between <date> and <date>). If we do not receive sufficient information to locate the data you require, we may be unable to comply with your request.

7. Is the information going to be sent to the data subject or his/her representative?

To the data subject To the representative

If the data is sent to the representative, then sections 10 and 11 need to be filled out.

8. I confirm that I am the Data Subject.

Signature: _____

Print Name: _____

Date: _____

I enclose a copy of my ID and address proof documents (including a government issued ID document).

9. (To be filled out if the question 7 is answered with "To the representative") The Data Subject (whose data is being requested) must give written authorization for the information to be released to his/her authorized representative.

I hereby give my authorization for _____ (fill out the name of the authorized representative) to request access to my personal data.

Signature of Data Subject: _____

Print name: _____

10. (To be filled out by the representative of the data subject) I confirm that I am the authorized representative of the Data Subject.

Name of authorized representative and address where personal data is to be sent:

Signature: _____

Print Name: _____

Date: _____

We will make every effort to process your data subject access request as quickly as possible within 30 calendar days. However, if you have any queries whilst your request is being processed, please do not hesitate to contact us at this email address: : [gdpr@sekavin.gr].

