

## SUBJECT ACCESS REQUEST FORM

### IMPORTANT INFORMATION

The General Data Protection Regulation gives you, as a natural person, the opportunity to exercise certain rights as shown below. In order to exercise your rights, please fill in the required information and substantiate your identity. Your request will be processed within 30 calendar days of receipt of the fully completed form and proof of identity.

**Proof of identity:** Proof of your identity is required before we can disclose Personal Data (PD). Proof of your identity should include a copy of two documents such as your ID card or birth certificate or passport or driving license, as well as an official letter addressed to you at your address e.g. recent public utilities bill, bank statement.

**Request Charge:** Our policy is to not charge requests for access to PD.

YOUR DETAILS	
TITLE	
SURNAME	
FORENAME(S)	
BIRTH DATE	
ADDRESS	
TELEPHONE NUMBER	
EMAIL ADDRESS	

ATTACHED (tick accordingly)	
- copy of ID or	<input type="checkbox"/>
- birth certificate or	<input type="checkbox"/>
- passport or	<input type="checkbox"/>
- driving license	<input type="checkbox"/>
- public utility bill	<input type="checkbox"/>

THIS ACCESS REQUEST CONCERNS (tick accordingly)	
- right to update	<input type="checkbox"/>
- right to access	<input type="checkbox"/>
- right to correct PD	<input type="checkbox"/>
- right to deletion	<input type="checkbox"/>
- right to limit the processing	<input type="checkbox"/>
- right to portability	<input type="checkbox"/>
- right to objection	<input type="checkbox"/>

**ADDITIONAL INFORMATION ABOUT YOUR REQUEST**

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**DATA SUBJECT DECLARATION**

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that FASMA Consulting is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

SURNAME:	
FORENAME(S):	
SIGNATURE:	

**Warning:** A person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.

**I would like to receive a response to my request (tick accordingly)**

- by email to the above address
- receive the information by post\*
- collect the information in person

\* Please be aware that if you wish us to post the information to you, we will make every effort to ensure that the letter is addressed correctly. However, we cannot be considered responsible if the letter is lost or delivered / opened by a third party.

**Please send your completed form and proof of identity to:**

FASMA Consulting Group S.A.  
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190 03 Markopoulo, Attica, Greece  
[privacy@fasmaconsulting.com](mailto:privacy@fasmaconsulting.com)