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CoC Registration No. 10043204 | VAT Registration No. NL806668313B01

Data subject rights form

**Required field*

Requestor details

Full name*

First name:

Surname:

Email address*:

Please provide your email address to enable us to contact you about your request.

On whose behalf are you making this request?*

- myself
- a relative
- a client
- other (please specify):

Copy of ID*

Please include a clear copy of a document confirming your identity for the purpose of processing this request.

We need to verify your identity to prevent fraudulent requests from people using another person's identity. The copy does not have to show your passport or identity card in its entirety. You can black out parts of the document. The copy must, however, show enough information to allow us to identify you. The copy will be destroyed within a reasonable period after your request has been processed, unless legal requirements prevent us from doing so.

Which right do you wish to exercise?*

- access
- rectification
- restriction of processing
- erasure
- data portability
- other (please specify):

To which personal data does your request relate?*

Why are you submitting this request relating to this data?*

Have you made a similar request before?

- yes (please specify):
- no

Acceptance*

*Tick the following boxes to confirm that you accept the associated statements.**

- I confirm that I have completed this form truthfully and that I am authorised to submit this request.*
- I understand that my request may affect the processing of my personal data and I accept such consequences.*
- I agree to the processing of the personal data entered on this form and any data I provide in further correspondence to enable HHCE to process my request and comply with the applicable legal obligations.*

Signature*

Your name:

Date:

Your signature: