

Fill in instructions “Data Subject Request Form”

According to the Legal Framework on Data Protection you have the right to know which of your personal data we hold and process and the right to request rectification of your data. Under the conditions defined by law, you also have the right to request deletion, restriction of processing and object to automated processing. You can exercise these rights by written request in the attached form. However, in order to facilitate you in submitting a complete request, which will allow us to respond in a timely manner, we advise you to use this form. Our response will be addressed to you or to a third party that you may authorise to act on your behalf. You will also need to provide proof of your identity. Your request will be processed **within 30 calendar days** upon receipt of a fully completed form and proof of identity.

Proof of identity: We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of an identification document e.g. personal ID, passport, residence permit and a document to verify your address e.g. a recent utilities bill. If you are submitting the request on behalf of another data subject, you will need to provide identity evidence of the data subject and proof of your right to act on their behalf.

Administration fee: Information and copies of the personal data undergoing processing are provided free of charge. If the data subject asks for additional copies of the personal data undergoing processing or the data subject request is unfounded or excessive, in particular because of their repetitive character, the Company reserves the right to refuse to act on the request or charge a reasonable administrative fee determined on a case by case basis.

Please don't use this form to get general information or to submit other types of requests to us.

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

SARKK S.A., 67 Tzavella & Messogeion Ave, 152 31, Halandri

Call center: +30 211 1764600

dpo@sarkk.gr

1. Data Subject Information				
Name:				
Surname:				
Date of birth:				
Address:	Street:		Number:	
	Town/Area:		Postal Code:	
	Region:		Country:	
Email:				
Phone:				
2. I am enclosing the following copies as proof of identity <i>(mark with an X)</i>				
Personal ID		Passport		Residence Permit
Other				
3. I am enclosing the following address recent verification documents <i>(mark with an X)</i>				
Utilities Bill		Telephony Bill		Verification of residence address by Tax Authority
Other				
4. Relationship with the Company				
<p>Please describe your relationship with the Company (e.g. employee, client, provider, partner etc.):</p>				
5. I Want for SARKK S.A. company to: <i>(mark with an X)</i> <i>(for additional information about your rights please read the Company's privacy policy)</i>				
Know if my personal data is being processed.				
Obtain access to my personal data that you are processing and to specific information regarding this processing.				
Request rectification of my personal data.				
Request deletion of my personal data.				
Request restriction of the processing of my personal data.				

Request the portability of my personal data.		
Exercise the right to object to the processing of my personal data.		
Obtain human intervention, express my point of view or challenge a decision which is based on automated processing of my personal data		
Please provide additional information about your request:		
Please provide us with any information you know, which will help us to track your data and handle your request. In particular, note relevant dates and documents you may have, as well as details of persons you have contacted:		
6. Representative details		
<i>(If you are applying on behalf of the data subject please fill in the details in the below sections 6, 7, 8.)</i>		
Name:		
Surname:		
Date of birth:		
Address:	Street:	Number:
	Town/Area:	Postal Code:
	Region:	Country:
Email:		
Phone:		

What is your relationship to the data subject? (e.g. parent, legal representative, attorney)				
7. I am enclosing the following true copies as proof of identity <i>(mark with an X)</i>				
Personal ID		Passport		Residence Permit
Other				
8. I am enclosing the following originals or true copies as proof of legal authorization to act on behalf of the data subject: <i>(mark with an X)</i>				
Authorization		Proxy		Judgment
Other				
9. I wish to receive the information by: <i>(mark with an X)</i>				
Receive the information in electronic format <i>(some files may be too large to transmit electronically and we may have to supply in CD format)</i>				
Receive the information by post <i>(Please be aware that if you wish us to post the information to you, we will take every care to ensure that it is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in your household. Loss or incorrect delivery may cause you embarrassment or harm if the information is 'sensitive'.)</i>				
View information only <i>(without receiving a copy)</i>				
Collect the information in person				

Data Subject Declaration			
I declare under my sole responsibility that the information I provide to the Company is accurate and true. I understand that the processing of my ID and residence documents is essential to the consideration of my request. Therefore, I accept the above processing and agree to provide additional information to the Company, provided these are necessary for the consideration and processing of my application.			
First name / Surname:			
Signature:		Date:	

Authorised person Declaration (if applicable)

I solemnly declare that the information I provide to the Company is accurate and true and relates to the data subject. I also declare responsibly that I act legally on behalf of the data subject. I understand that the processing of the evidence of my identity and proxy is essential to the examination of my request. Therefore, I accept the above processing and agree to provide additional information to the Company if these are necessary for the examination and processing of this request.

First name / Surname:**Signature:****Date:**