



APPLICATION FOR ERASURE OF MY PERSONAL DATA

Undersigned (name): _____ (surname): _____
_____, with father's name & surname: _____
_____ and mother's name & surname: _____
_____, resident of _____ (town)
_____, (street): _____, (number): _____, postcode: _____
_____, with Tax Registration Number: _____ (phone
number) _____ (email): _____

Request that your company, following the existing regulatory and legal framework, proceeds with the erasure of the data concerning me and the following personal data:

I request this erasure because (please note which of the below applies by ticking in the yes field):

My personal data are no longer necessary about the purposes for which they were collected or otherwise processed (YES NO)

I withdraw my consent on which the processing is based according to point (a) of Article 6(1), or point (a) of Article 9(2) of Regulation 2016/679, and because there is no other legal ground for the processing (YES NO)

I object to the processing under Article 21(1) of Regulation 2016/679 -right to object- and there are no overriding legitimate grounds for the processing (YES NO)

I object to the processing under Article 21(2) of Regulation 2016/679 -right to object to my personal data being processed for direct marketing purposes- (YES NO)

I consider that my personal data have been unlawfully processed (YES NO)

My personal data should be erased for compliance with a legal obligation according to EU law or Greek law (YES NO)

My personal data have been collected about the offer of information society services -in case of the minor data subject- (YES NO)

Please find attached my application and a certified copy of my ID/passport so that your company can verify my identity. Further, I hereby confirm that all the information I provide to you through the present application is true and accurate and that I am the data subject of the above processed personal data.

Signature: _____

Date: _____