

APPLICATION FOR RESTRICTION OF PROCESSING MY PERSONAL DATA

Undersigned	(name):					_	(surname):
			with	father's	name	&	surname:
			_ and	mother's	name	&	surname:
				resident	О	f	(town)
	(5	street):			number):		_, postcode:
Request tha	t your comp	any proceed	ds to res	triction of t	he proces	sing	of the data
-	ns me as (ple				-	_	
field):				1.			
I contes	t the accurac	cy of the p	ersonal d	data and re	quest res	strict	ion of their
processi	ng until you	verify their	accuracy	/ (YES _	NO)		
I conside	er the proces	sing unlaw	ful and i	nstead of th	e erasure	of r	ny personal
data I re	quest the res	triction of the	neir use (YES	_NO)		
Your con	mpany no loi	nger needs i	my perso	onal data for	r processi	ng, t	out I require
them fo NO	or the establ)	ishment, ex	ercise, (or defense	of legal	clair	ns (YES
I object	to processing	g until ve <mark>rif</mark> i	cation w	hether you	r compan	y ha	s legitimate
grounds	that overrid	e mine (YES	NO)			
	attached my a					-	-
	any can veri						
	I provide to		-				nd accurate
and that I ar	m the data su	ibject of the	above pi	cocessed per	rsonal da	ta.	
Signa	ture:			Date:			