# REQUEST FORM FOR EXERCISING DATA SUBJECT'S RIGHT TO ERASURE

Data subject's details

|  |  |  |  |
| --- | --- | --- | --- |
| Name and surname |  |  |  |
|  |  |  |  |
| Address of residence |  |  |  |
|  | *Street name and number* |  |  |
|  |  |  |  |
|  | *Town/City* |  | *Postal code* |
| E-mail |  |  |  |
|  |  |  |  |

By submitting this request, you seek to exercise the right to erasure of personal data (“right to be forgotten”).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Applicant’s handwritten signature* |  | *Date* |  | *Town/City* |

*By signing this form, you confirm that you are cognizant that you will receive a response to the request for the exercise of rights within 30 days from its submission to the above address. Exceptionally, taking into account the complexity and number of pending requests, this period may be extended, of which you will be duly notified.* *By signing this form, you certify that you are the applicant and that the information and statements provided herewith are true and accurate.*