DATA CORRECTION OR DELETION REQUEST FORM

Identity of Data Subject:

Please enter your full name and surname: _____

Identity- / Passport number: _____

Contact Information:

Physical Adress: _____

Cellphone number: _____

Email Adress: _____

Type of Request:

☐ Correction of Personal Information.

☐ Deletion of Personal Information.

Description of Information to be Corrected or Deleted:

[Please describe the specific information you wish to be corrected or deleted]

_____

_____

_____

_____

Reason for Request:

[Please briefly explain the reason for your request]

_____

_____

_____

_____

Signature:

_____

Date:

_____