

## **EXECUTION OF DATA PROTECTION RIGHTS**

Your data protection rights listed below can be exercised by submitting a filled sample of this request form either electronically or at any of our offices. For mail submissions, the email should be addressed to [dataprotectionofficer@cellulant.io](mailto:dataprotectionofficer@cellulant.io). Please ensure completion in BLOCK LETTERS and tick "X" as appropriate.

In Person       Proxy (a copy of the power of attorney must be enclosed)

### **Subject's Data:**

Name*	
Date of Birth*	DD/MM/YYYY
Telephone*	Email
Address for Correspondence*	

Regarding:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Right of access<br>(right to be forgotten)   | <input type="checkbox"/> Right to Rectification    | <input type="checkbox"/> Right to erasure |
| <input type="checkbox"/> Right to object<br>restriction of processing | <input type="checkbox"/> Right to data portability | <input type="checkbox"/> Right to         |

### **Request Description\***

Provide a detailed description of your request, this will assist us in responding to your appropriately

**Preferred Response Channel:**

Email

Pick up at our office

Others\_\_\_\_\_

**Declaration:** I confirm that the information provided here is accurate and the request is in accordance with the dictates of the General Data Protection Regulations (GDPR). I acknowledge that any attempt to mislead may result in prosecution.

Date:

Signature: