

Data Access Request Form

Request to view / correct / delete personal data or for data portability.

* Required field

Information Applicant

Full name:*

First Name:

Last name:

E-mail address:*

We require your e-mail address so that we can contact you about your request.

Who are you acting on behalf of?*

- Myself
- A family member
- A customer
- Other:

Add a (readable) copy of a document that confirms the identity of the subject of this request.*

In order to prevent fraudulent requests from people who pretend to be others, we must confirm your identity. A full passport or identity card is not required. You can make parts of a document unreadable. The document must be sufficiently complete so that we can identify you. This copy will be deleted after processing your request, unless otherwise required by law.

What are you requesting?*

- View my personal data
- Correction
- Removal
- Data portability
- Other:

Whose personal data does your request relate to?*

Why are you making this request regarding these data?*

Have you submitted a request before?

- Yes – please specify:
- No

Does your request relate to personal data that have been shared with other countries? If so, which countries?

Please specify:

Select the check boxes to confirm that you agree with the statement below.

- I certify that I have completed this form truthfully and that I am authorized to make this request.*
- I understand that my request may have consequences for the processing of my personal data and agree with the consequences.*
- I agree to the processing of the personal data provided in this form and any data that I provide for further correspondence, so that MediLingua can process my request and comply with the legal obligations.*

Signed in duplicate and sent to MediLingua on __/__/____ (DD/MM/YYYY)

.....
Signature of the applicant

Attachments:

Date of receipt by MediLingua: __/__/____ (DD/MM/YYYY)