

REQUEST FORM PERSONAL DATA

Contact information:

Last name: _____ Date: _/_____/_____

First name: _____

Street: _____ Nr: _____

Postal code: _____ Town: _____

Country: _____

E-mail: _____

This request is concerning:

- Right of access
- Right of access to the processed data
- Right to rectification
- Right to be forgotten
- Right to restriction of processing
- Right to data portability
- Right to object to decisions that are based on automated processing of personal data

This request is related to the following personal data or processing:

- Personal data related to a job application at Pharma Distri Center
 - Personal data related to working with Pharma Distri Center
 - Personal data related to an advertisement
 - Personal data in publications
 - Personal data related to the collaboration with Pharma Distri Center
 - Personal data related to a purchase from Pharma Distri Center
 - Others: _____
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Request confirmation

- I am a Pharma Distri Center employee and confirm this request by using my Pharma Distri Center e-mail address.
- I am no Pharma Distri Center employee and add a copy of the front of my identity card to this letter.