

APPLICATION FORM TO EXERCISE A RIGHT

Application Form for the exclusive exercise of a right of the data subject on the basis of the provisions of the European Union's General Data Protection Regulation (GDPR)

Name*		
Address*	Street	
	Number	
	Postal Code	
	City	
e-mail*		
Telephone Number*		
Fax Number		

Select your Right for which you file this application*

Right of access	
Right to rectification	
Right to erasure ("right to be forgotten")	
Right to restriction of processing	
Right to data portability	
Right to object	
Right to withdraw consent	

* You must necessarily fill in these fields so that you receive a written response or to contact you, if necessary

Describe the object of your request

Our Company will notify you without any delay on the course of your request. We shall contact you if we require any clarifications or information, if necessary

Our Company shall respond to your request, according to the GDPR, within 30 days since receiving and identifying your request. If your request is particularly complex, we may need to extend this period to 2 months. In such a case, the Company shall notify you within one month since receiving your request and for the reasons of delay.

Include any relevant documents/information that accompany your request and are necessary for the examination thereof.

1.
2.
3.
4.
5.

Information

The Application for Exercising a Right as well as the course of your application, until its completion, shall be kept at the records of the Company for period of three years since its completion

Declaration

I hereby declare that all the information included in this Application is true

Name	
Signature	
Date	

This form must be filed via:

- e-mail, at the e-mail address dpo@pharmex.gr
- or
- post, at the address:
132, Kifisou Avenue, P.C. 12131, Peristeri, Attiki
c.c. Data Protection Department