**Data Subjects Rights Request Form**

**Please return this form:**

- via **post** to MM Publications S.A. headquarters (Ipeirou 4, Alimos Greece, 17456) or

- via **email** to privacy@mmpublications.com.

MM Publications S.A. will address your request within the legal timeframes, on receipt of this completed form.

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|  | **REQUESTOR DETAILS (Please use black ink and BLOCK CAPITALS. Completing all sections marked with an asterisk is mandatory)** |
| □ Mr. □ Mrs. □ Ms. □ Other Title\*First Name(s) | \*Last Name(s) |  |
| \*Address |
| \*City/Town | Region |  |
| \*Post Code | \*Country | Date of Birth (DD/MM/YYYY) |
| \*Contact Number | Email |  |
|  |
|  | **RELATIONSHIP (Only applicable to individuals)** |

Please select the type of relationship you have with MM Publications S.A. Multiple selections are possible.

* Existing Client
* Former Client
* Existing Distributor
* Former Distributor
* Other: |

(Please provide further details on your relationship with MM Publications S.A., e.g. prospect, vendor, etc.)

* Employee / Ex-Employee

□ ID Document Type: |

(e.g. ID Card, Passport, Driving License)

ID Number:

|  |
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| **REQUEST (Only one rights request per form)** |

Please check the relevant box to indicate the purpose of your request and **provide further details in the fields below**.

|  |  |
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| * Right to access
* Right to rectification
* Right to be forgotten
 | * Right to object to data processing activities
* Right to restriction of processing
* Right to data portability
 |

Please provide further details below to allow MM Publications S.A.to complete your request.

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| **SIGNATURE** |

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**Name of the Requestor Signature of the Requestor Date (DD/MM/YYYY)**