



Date of Application:

***Data Subject's Information**

Full Name:	City:
Address (Street and Number):	Post Code:
Email:	Telephone Number:

***Your Relationship with the Company**

Client: <input type="checkbox"/>	Supplier: <input type="checkbox"/>	Associate: <input type="checkbox"/>	I have sent a CV: <input type="checkbox"/>
Other:			

Application's Type (mark with an X to submit your request)**Access & Information Request**

My data is being processed.

Access to my personal data and specific information about processing activities.

Portability Request

Receive my data in a widely used format and send it to my face.

Send my data to third parties in a widely used format.

Data Correction Request

Correction of my personal data.

Fill in your data that you want to be corrected:

Rejection of Processing Request

Objection to the processing of my data / withdrawal of consent.

Fill in the reason for opposing the processing:

Restriction of Processing Request

Restrict the processing of my personal data.

Fill in your data you want to restrict the processing:

Data Erasure Request

Erasure of my personal data.

Fill in the reason for erasure your personal data:

Choose the way you want to be informed about the progress of your request of processing:

- By e-mail to the e-mail address privacy@ascompany.gr
- By mail to the Ionias Street, Oreokastro, Thessaloniki, PC 57013, under the auspices of the Data Protection Officer (DPO).

Choose the way you want to receive your answer:

- By receipt in my e-mail
- Upon receipt by post to the Mailing Address Street Number City
PC

Δήλωση Υποκειμένου



Data Subject's Request Form

I certify that the information provided in this form is correct and I am the person to whom it relates. I understand that the company is obliged to confirm my identity and for this purpose will process the information and documents I submit. The organization may also request further information if required to comply with this request.

Full Name**Signature and Date****Representative Statement**

I certify that the information provided in this form is accurate to the best of my knowledge and that I have been legally authorized to act on behalf of the data subject. I understand that the company is required to confirm the identity of both me and the data subject and for this purpose will process the information and documents I submit. I will send the authorization form along with this document. The organization may also request further information if required to comply with this request.

Full Name**Signature and Date**

Carefully read the information below before completing the form and submitting your request.

Please do not use this form to obtain general information about the Company.

Your application will be processed within 30 days of receiving a fully completed form. If this period is to be extended, you will be informed.

Proof of your identity is required before proceeding with your request. If you request on behalf of another data subject, you must provide proof of identity of the data subject and proof of your right to act on his or her behalf. (authorization) The information and copies of the personal data being processed are provided free of charge.

If the data subject requests additional copies of the personal data or the data subject's request is unfounded or excessive (e.g., due to its repetitive nature), we reserve the right to refuse to act upon request or to charge a reasonable administrative fee. fee to be determined on a case-by-case basis.

You will be notified within 30 days of the acceptance or not of your request. In case of non-acceptance of the request, you will be informed about the reasons for refusal of implementation. All applications must be submitted in hard copy on Ionias Street, Oreokastro, Thessaloniki, PC 57013 or electronically via email at privacy@ascompany.gr

CAUTION! In order to exercise your right, it is required to send ONLY this Application and not other documents. Any other documents sent will not be considered and will be destroyed immediately. If, in order to formulate a response to the Request, additional supporting documents are necessary, we will contact you to ask you to send them to us.

*** Fields with an asterisk must be completed**

**** Please note that you can unsubscribe from the communication you have chosen to receive by unsubscribing to the available option in each email you receive.**