

Data Subject Request Form

This form should be used to submit a data subject request under the provisions of the European Union General Data Protection Regulation (GDPR).

Submitter Details

|  |  |  |
| --- | --- | --- |
| **Name:** |  | |
| **Identification data:** | ID number: | |
| **Contact details:** | Street: | Number: |
| Postal Code: | City: |
| Country: | |
| Email: | |
| **Phone Number:** |  | |

Type of Request

Please select the type of request you are making:

|  |  |
| --- | --- |
|  | *Consent Withdrawal* |
|  | *Access request* |
|  | *Rectification of personal data* |
|  | *Erasure of personal data* |
|  | *Restriction of processing of personal data* |
|  | *Personal data portability request* |
|  | *Objection to processing of personal data* |
|  | *Request regarding automated decision making and profiling* |

# Personal data involved

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|  |

# Request details

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|  |

**Request reason/justification**

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|  |  |
| --- | --- |
| **Signature:** |  |
| **Name:** |  |
| **Date:** |  |

You can submit your form in the following ways:

• Online at email: dpo@acs.gr

• By postal mail to Address: 129 Aghias Paraskevis Ave. & Kazantzaki Street, Halandri, Athens GR 15234

• Personal delivery to ACS