

Request to exercise rights concerning personal information

Request to :

Name (last name, first name)

Address

Telephone number

I am

- ☐ The person concerned ☐ The attorney of the person concerned
☐ Other (please specify)

Purpose

- ☐ Request for access to personal information
☐ Request for rectification of personal information
☐ Request for removal of personal information
☐ Request for cessation of dissemination or de-indexation of personal information

Access to personal information

I request copies of the following personal information:

Reasons:

***Attach supporting documents** (attach another sheet if needed).

Rectification of personal information

I request rectification of the following personal information:

Reasons:

***Attach supporting documents** (attach another sheet if needed).

Removal of personal information

I request removal of the following personal information:

Reasons:

***Attach supporting documents** (attach another sheet if needed).

Cessation of dissemination or de-indexation of personal information

I request cessation of dissemination or de-indexation of the following personal information:

Reasons:

***Attach supporting documents** (attach another sheet if needed).

Signature _____

Date _____