

# 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 \_\_\_\_\_