# REQUEST FORM FOR EXERCISING DATA SUBJECT'S RIGHT TO RECTIFICATION

Data subject's details

|  |  |  |  |
| --- | --- | --- | --- |
| Name and surname |  |  |  |
|  |  |  |  |
| Address of residence |  |  |  |
|  | *Street name and number* |  |  |
|  |  |  |  |
|  | *Town/City* |  | *Postal code* |
| E-mail |  |  |  |
|  |  |  |  |

By submitting this request, you seek to exercise the right to rectification of personal data.

Data for which the rectification is requested:

|  |  |
| --- | --- |
| Data to be rectified | Correct data |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Applicant’s handwritten signature* |  | *Date* |  | *Town/City* |

*By signing this form, you certify that you are the applicant and that the information and statements provided herewith are true and accurate.*