

Form GDPR

Company: _____

GDPR Personal Data Request Form

Full name: _____,

born on ___/___/___ declares that, in ___/___/___, under the terms of General Data Protection Regulation, wants to subject their right to:

Access Objection Rectification Restriction

Portability Erasure Withdraw Consent

Your request details:

Contact data

Telephone: _____ Email: _____

Reply address for your request: _____

Note: this information will only be used to contact the user in respect of this and will be stored for 2 years as an evidence before the supervisory authority (National Commission for Data Protection - CNPD).

I declare that, on the date indicated below, my right was exercised or, if it was not, the reason was explained to me or I was informed that a reply will be given within 10 working days.

Signature: _____ Date: ___/___/___

Receiver data

Signature: _____ Date: ___/___/___

Comments (to be completed by the services):

