

Tax Identification Number (NIP): 8961622267 National Court Register (KRS): 0001018188 Medical entity no. 000000204704

TEMPLATE

Request for action at the request of the person to whom the personal data relates

Recipient (Administrators):

Labplus Spółka Akcyjna headquarters address: Wyspa Slodowa 7, 50-266 Wrocław, registered under the KRS number 0001018188, NIP 8961622267, Regon 524450039. e-mail: <u>rodo@labplus.pl</u>

Registration data::

PESEL:		

e-mail:

Address:	

phone. _____

additiona	al information:	·	

Providing verifiable personal details is required. You may choose your preferred contact method with the Administrator. We recommend written or email communication, as not all information can be provided over the phone.

Content of the application:

1) I request a change of personal data:

Name:
surname:
home address/ 🗆 registered office/ 🗆 correspondence:
phone:
e-mail:
additional information:





2) I request confirmation whether my data is being processed through:

- providing a copy of my personal data,
- Information about the purpose of processing my personal data.
- Information about the purpose of processing my personal data,
- Information about the recipients of my personal data,
- Information about the anticipated retention period of my personal data,
- Information regarding the right to rectify, erase, restrict, or object to the processing of my personal data, as well as the right to lodge a complaint with the Data Protection Authority.,
- Information regarding the source of acquisition of my personal data (if not obtained from me).,
- Information whether my personal data is used in an automated decision-making process that has legal effects for me (including profiling), and if so, please indicate its principles and consequences for me.,
- Information whether my personal data is transferred to third countries, and if so, what security measures are implemented during the transfer.
- 3) I request the deletion of my personal data, due to:

"You must specify the reason for withdrawal if required.".

4) I withdraw my previously given consent to the processing of personal data by the Administrator, for the purpose of...: ______ date: ______

"You should specify the purpose for which consent was given, especially if we have expressed several consents to the processing of personal data for various purposes. Withdrawal of consent does not affect the lawfulness of processing based on consent before its withdrawal.".

5) Transfer of my personal data directly to: _____

(Identification of the administrator - name, contact details)

or

Providing me with my personal data set for the purpose of transferring it to another administrator, to the email/postal address (specify which):______).

- 6) I apply for:
 - a. suspension of operations on my personal data due to:

inaccuracy of personal data (for the period of verifying their correctness),





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unlawful processing (you may request their deletion),

objection raised (pending resolution),

b. not removing my personal data because:

I need to use them to establish/pursue/defend claims (where the administrator no longer needs personal data for processing purposes).

7) I request to stop the processing of my personal data carried out:

for direct marketing purposes,
based on another legitimate interest of the controller or a public interest.

The reason for objection is:

acknowledge that the Administrator may refuse to cease such processing if it can demonstrate that there are:
 compelling legitimate grounds for the processing that override my interests, rights, and freedoms, or 2) grounds for establishing, exercising, or defending legal claims.

Remarks:

The request will be processed after verifying the identity of the person who submitted it, and it can be implemented as of that date.

If the Administrator determines that there are no grounds to consider the request or if the data enabling verification of the person submitting the request or the person to whom the data pertains has not been provided, the submitter will be notified (if contact information has been provided).

The procedure for processing this request has been posted on the website. www.labplus.pl/rodo

			Signature
Administrator's Annotations			
Date of receipt:	form of receipt: _		
person receiving the request:		_ Date of transfer to the	authorized
person for implementation:		_ Person implementing:	
Method of implementation: request taken int	o account, request not tak	en into account. Date:	





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Reason for not taking into account:

Transfer to the Data Protection Officer: YES/NO, date: _____

Notification of the reporting person, date : ____

Signature

