

## RIGHT TO ERASURE

### REQUEST FORM

You are entitled to request **ATALYA PRIVATE HEALTHCARE SERVICES ORAL AND DENTAL HEALTH, CONSTRUCTION, TOURISM, TRADE LLC ("ATALYA")** to erase any personal data we hold about you under EU General Data Protection Regulation.

We will do our best to respond promptly and in any event within one month of the following:

- Receipt from **Atalya** of your written request; or
- Receipt from **Atalya** regarding to any further information we may ask you to provide to enable us to comply with your request, whichever happens to be later.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting that we erase and responding to your request.

#### DETAILS OF THE PERSON REQUESTING INFORMATION

**Name:**

**Surname:**

**Address:**

**E-mail Address:**

**Telephone Number:**

#### ARE YOU THE DATA SUBJECT?

Please tick the appropriate box and read the instructions which follow it.

YES

I am the data subject. I enclose proof of my identity (see below).

NO

I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity.

To ensure we are erasing data of the right person we require you to provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image. It is important to mention that you do not have to send the originals of your identification documents. Examples of the proof of identities that you may share with **Atalya** in order to use your Right to Erasure;

#### 1) Proof of Identity

(Passport, photo driver's license, national identity card, birth certificate)

## 2) Proof of Address

(Utility bill, bank statement, credit card statement (no more than 3 months old); current driver's license)

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

### REASON FOR ERASURE REQUEST

Given the sensitive nature of erasing personal data, as a data controller **Atalya** have to require certain conditions to meet before a request may be considered under the GDPR Article 17/1. Please supply us with the reason you wish your data to be erased and please attach any justifying documents to this one.

Please tick the appropriate box:

You feel your personal data is no longer necessary for the purposes for which we originally collected it.

You no longer consent to our processing of your personal data.

You object to our processing of your personal data as is your right under Article 21 of the GDPR.

You feel your personal data has been unlawfully processed.

You feel we are subject to a legal obligation of the EU or Member State that requires the erasure of your personal data.

You are a child, you represent a child, or you were a child at the time of the data processing, and you feel your personal data was used to offer you information society services.

### WHAT INFORMATION DO YOU WISH TO ERASE?

Please describe the information you wish to erase. Please provide any relevant details you think will help us to identify the information.

Please note that. In certain circumstances, where erasure would adversely affect the freedom of expression, contradict a legal obligation, act against the public interest in the area of public health, act against the public interest in the area of scientific or historical research, or prohibit the establishment of a legal defence or exercise of other legal claims, we may not be able to erase the information you requested in accordance with article 17/3 of the GDPR. In such cases you will be informed promptly and given full reasons for that decision.

While in most cases **Atalya** will happily perform its duties under the GDPR and erase the personal data you request from us, we nevertheless reserve the right, in accordance with Article 12/5 of the GDPR, to charge a fee or refuse the request if it is considered to be “manifestly unfounded or excessive.” However, we will make every effort to provide you with the erasure of your personal data if suitable.

## **DECLARATION**

Please note that any attempt to mislead may result in prosecution.

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application to **Atalya** is true. I understand that it is necessary for \_\_\_\_\_ to confirm my/the data subject’s identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

**Signed:**

**Date:**

### ***Documents which must accompany this application***

- *Evidence of your identity*
- *Authorization from the data subject to act on their behalf (if applicable)*
  - *Justification for erasure of data*