

Application for the exercise of rights for personal data

Please fill out the following information.

I. Personal information

Last Name:

Name:	
Address:	
Postal Cod	le:
Phone Nur	mber:
ID Numbe	or:
Email Add	dress:
11.	Affiliation with the Company
	7 dimension with the company
To help your ca	ous verify your details and identify your personal information, please fill in the following information according to tegory:
y	
What is you	ur affiliation with the Company (Please fill the box with an X):
-	ur affiliation with the Company (Please fill the box with an X): Customer
	Customer Supplier
	Customer Supplier Associate
	Customer Supplier
	Customer Supplier Associate
	Customer Supplier Associate Other
	Customer Supplier Associate Other
	Customer Supplier Associate Other



III. Means of identification

ID Card
Driver's License
Passport
Other official document stating my identification information and my address.

IV. Request

Please describe what actions you want the Company to take in relation to your personal data:				



Application via Representative

If you are acting as a representative of the subject whose data is in question, please fill in your personal details and provide the relevant authorization.

V. Representative's Information

Last Name:	
Name:	
Address:	
Postal Code:	
Phone Number:	
ID Number:	
Email Address:	

Please fill in the details of the subject for which you are acting as a representative.

VI. Subject's information

Last Name:	
Name:	
Address:	
Postal Code:	
Phone Number:	
ID Number:	
Email Address:	



VII. Solemn Declaration

I solemnly declare that the information I provide to the Company is correct. I accept that ETEKA SA is required to respond to my request within one month of receiving it (this period may be extended by a further two months under the conditions set by the GDPR). Under Article 11 of the GDPR, when there are reasonable doubts as to the identity of the subject making the request, ETEKA SA may request the provision of additional information necessary for the confirmation of the identity of the subject.

Signature:

<u>Date:</u>

Please send the filled out application to the address below:

Email: gdpr@eteka.com.gr Phone Number: 210 400 2658

Fax: 210 400 2607

Address: 2, Tripoleos Street 188 63 N.Ikonio – Perama