

Form Data Subject

1. Data Subject Details:

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname					
First name (s)					
Address					
Telephone Number					
Email address					
Date of Birth					
Please enclose proof to confirm your identification such as copy of your passport					

1.1. Details of person requesting the information (if not the data subject)

Organization name					
If company: insert company logo					
Are you acting on behalf of the data subject with their (written) or other legal authority	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'yes' please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)					
Please enclose proof that you are legally authorized to obtain this information					
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname					
First name (s)					
Address					
Telephone Number					
Email address					

2. Scope of the request:

Action	<input type="checkbox"/> Access <input type="checkbox"/> Rectification <input type="checkbox"/> Erasure <input type="checkbox"/> Restriction of processing <input type="checkbox"/> Data portability <input type="checkbox"/> Withdraw consent
Details of personal data in question	
Other information, such as third party to whom the data must be transferred	

3. Declaration

I,, the undersigned and the person identified in (1) above, hereby asks that NHV NV takes the appropriate action as requested regarding my personal data as identified above.

Signature:

Date:

I,, the undersigned and the person identified in (1.1) above, hereby asks that NHV NV takes the appropriate action as requested regarding the personal data about the data subject identified in (1) above.

Signature:

Date: