

Form for the Interested Party to exercise their rights pursuant to EU Regulation 2016/679

Proposer:

First / last name: _____
Street: _____ (Place / date)
Postal address: _____
Country: _____
Phone: _____
Mobile: _____
E-Mail: _____

Addressee:

WMC BUSCHMANN wohnen-mieten-campen
Ronald Buschmann
In the business premises of:
Palla-Knoll&Gasser
Via Leonardo Da Vinci 2c
I 39100 Bolzano (BZ)
Mail: privacy@wohnen-mieten-campen.de

Dear Ladies and Gentlemen,

I, the undersigned, _____, born in, _____,
on (place of birth), _____,

as per the attached photocopy of my valid identifying documentation, has examined the information concerning the processing of my personal data as submitted, exercise my rights with this request, pursuant to Articles 12 and subsequent of EU Regulation 2016/679 (hereinafter "GDPR").

1. ACCESS TO PERSONAL DATA

I, the undersigned, would like to access the personal data concerning myself, precisely:

- I request confirmation of the existence or otherwise of this data, even if not yet recorded, and/or
- I request that this data to be communicated to me in an intelligible form.

The request concerns (indicate the personal data, the categories of data or the processing to which reference is made): _____

Form for the Interested Party to exercise their rights pursuant to EU Regulation 2016/679

2. REQUEST FOR INFORMATION CONCERNING PROCESSING:

I, the undersigned, would like to know:

- the origin of the data (namely the subject or the specific source from which it was acquired);
- the purpose for which my personal data was processed;
- the methods used to process the data;
- the logic applied to processing made using electronic tools;
- the identification of the Data Controller;
- the identification of the Data Processing Supervisor/s;

The request concerns (indicate the personal data, the categories of data or the processing to which reference is made) _____

3. DATA INTERVENTION REQUEST

update the following data: _____

correction of the following data: _____

addition of the following data: _____

deletion of the following data: _____

anonymisation of the following data: _____

blocking of the following data: _____

Form for the Interested Party to exercise their rights pursuant to EU Regulation 2016/679

Identification/amendment of the selected contact details for the carrying out of activities expressly requested and authorised by myself and for the individual processing purposes eventually specified by myself as follows

E-Mail: _____ Yes No
Mobile _____ Yes No
Land line _____ Yes No
Postal address _____ Yes No

OPPOSITION TO PROCESSING FOR MARKETING PURPOSES:

I, the undersigned oppose the processing of my personal data for the purpose of sending advertising or direct sales material or to carry out market research or commercial communication

OPPOSITION TO PROCESSING FOR LEGITIMATE REASONS:

I, the undersigned, oppose the processing of my personal data for the following legitimate reasons:

The request concerns (indicate the personal data, the categories of data or the processing to which reference is made): _____

REQUEST TO EXERCISE THE RIGHT TO THE PORTABILITY OF PERSONAL DATA:

I request to exercise the right (pursuant to Article 20 GDPR) to receive the personal data concerning myself in a structured, commonly used, machine-readable format We remind you that if you have not received an appropriate response to your request within 30 days (other than a communication requesting an extension from the writing company), you are permitted to submit a complaint to the Data Protection Authority, contacting the privacy representative directly.

Contact: Website: www.gpdp.it; www.garanteprivacy.it

E-mail: garante@gpdp.it

Fax: +39 06 696773785

Phone: +39 06.696771

I, the undersigned, as identified above also request that certification is provided that the intervention on my data has been brought to the awareness of those to whom my data has been communicated or shared, also with regards to its content.

Notes:

I confirm that I have read and verified the veracity and accuracy of the above.

Place and date: _____ Signature: _____

Attached: photocopy of valid identifying documentation (alternatively, display a valid document, if the application is delivered in person).