GDPR Form

I. Particulars of the Controller				
Name	Contact details	Data Protection Officer	IT Administrator	
II. Data Subject				
Name	Surname	Address	Contact details	
Form of contact preferred by the Data Subject (indicate the preferred form of contact – by letter or electronic mail)				
III. Request of the Data Subject				
III.A Request for access and information				
(select as appropriate)				
Please let me know whether my personal data is processed by the Controller. If so, please specify:				
 Which data are processed by the Controller (category of personal data) The purpose of processing the personal data by the Controller Duration of personal data processing by the Controller Categories of recipients of personal data, including transfer of data to a third country and the grounds for such transfer 				
 The rights of the person whose personal data are processed by the Controller From which source the personal data originate Whether the processing of the personal data includes profiling 				
Please send a copy of my personal data processed by the Controller by email to:				
JUSTIFICATION.				

II.B Request for rectification of personal data			
With regard to the processing of my personal data by the Controller, please note that the personal data are inaccurate.			
(please describe the inaccuracies in your personal data and provide the accurate information)			
Having regard to the above, I request to have my personal data rectified by the Controller.			
Pending the investigation by the Controller, I request / do not request a restriction of processing of my personal data to the extent indicated above.			
II.C Request for transfer of personal data			
 With regard to the automated processing of my personal data by the Controller, please send a copy of the personal data in a structured, commonly used, machine-readable and interoperable format by e-mail to/ by regular mail to			
(name and address of the entity to receive the personal data)			
JUSTIFICATION			
III.D Request for erasure of personal data or restriction of processing (select as appropriate)			
I hereby request a restriction of processing of:			

☐ All of my persona data ☐ The following personal data			
JUSTIFICATION			
☐ I hereby request erasure of:			
☐ All of my persona data ☐ The following personal data			
JUSTIFICATION			
III.E Data subject's objection			
NOTE The data subject has the right to object to the processing of his or her personal data only in the following cases:			
when the processing of the personal data by the controller is necessary for the performance of a task carried out in the public interest or in the exercise of an official authority vested in the Controller, or			
2) when the processing is necessary for the purposes of the legitimate interests pursued by the Controller.			
The data subject has no right to object to the processing of his or her personal data when such processing is carried out on any other grounds.			
I hereby request a restriction of processing of:			
□ All my personal data□ The following personal data			

JUSTIF	ICATION	
List of attachments		
(if any		
1		
2.		
3.		
Note		
1.	Please cross out all sections unrelated to your request. If the dedicated box is too small to accommodate the content of the request, the remaining part of such request should be written on a separate sheet.	
2. 3.	Once completed, please send the form to: office@matrixpharma.nl Please note that before sending a copy of the personal data, the controller verifies the request, including	

- appropriate safeguards to prevent unauthorized access.

 The first provision of personal data requested by the Data Subject is free of charge. The provision of each subsequent copy of the personal data can be charged up to EURO 5 per copy.
- 4. The Data Subject can lodge a complaint with the supervisory authority.5. The fields to be filled with the particulars of the Controller are completed by the company.