APPLICATION FORM TO EXERCISE THE RIGHTS OF THE INTERESTED PARTY

CONTROLLER INFORMATION:
BUSINESS NAME: IVAN MAÑERO CLINIC, S.L. TIN: B65842502
Contact data for exercising rights: IVAN MAÑERO CLINIC, S.L.. Víctor Hugo, 24 - 08174 Sant Cugat del Vallès (Barcelona). E-mail: lopd@ivanmanero.com.
Contact details of the data protection officer: dpo@ivanmanero.com

DATA OF DATA SUBJECT OR LEGAL REPRESENTATIVE (copy of National ID must be attached):
Mr./ Mrs.ª. ...., of legal age, whose address is .... nº..............,
Town................................... Postcode................ Province...
Autonomous Community.. Telephone ………....…………... Email:
…………………………………………….. with National ID no............................, a copy of which is attached, by means of this document exercises the rights as Data Subject, in accordance with Articles 15, 16, 17, 18, 19, 20, 21, 22 and 23 of Regulation (EU) 2016/679 of 27 April 2016 (GDPR), and in consequence,

REQUESTS,
To be provided, at no cost, the right of (select only one box with a X):

	Access to data
	Rectification of data
	Suppression of data
	Portability of data
	Restriction to processing of data
	Objection to processing of data
	To not be subject to profiling
	Not receive commercial communications

In accordance with Article 12 of the GDPR, within a maximum period of one month from receipt of this request (this period may b:e extended to a maximum of 2 months in complex cases), this request shall be addressed and sent by (mark the corresponding box with a X):

	Post
	Email

...., on ....

Name ...., with TIN ....

Legal representative of ...., with TIN ....
Signature: