

INFORMATION REQUEST FORM

Exclusively for information to Data Subjects, related to the exercise of their rights.

TO:	«Middle Office Services S.A.» , located in 330, El. Venizelou (Thisseos) av., Kallithea, with G.E.C. Registry: 162356807000 and VAT No: 801733361	Request No.*	Date of Receipt*
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APPLICANT'S DETAILS:

Name:		Surname:	
Middle Name:		Father's Surname:	
V.A.T No. or ID No., or Passport No. or any other official document.		Country of Issuance of Passport or any other official document.	
Tel. no.			

RIGHT TO WHICH THE REQUEST RELATES:

☐ Right of access
☐ Right to rectification
☐ Right to erasure
☐ Right to restriction of processing
☐ Right to data portability
☐ Right to withdraw

- Please state the reason(s) for requesting the above.
- Please inform us with any other available details regarding the information requested, in order to proceed your request promptly.

☐ By post:

Street.....No. City Post Code

☐ By Mail e-mail.....

I hereby declare that the above information is true and correct.

1. In order to submit and process the Application, it is mandatory to attach a copy of ID or any other legal identification document to this form.
2. Middle Office Services S.A. responds to your Application free of charge and without delay, and in any case within (1) one month from the date of its submission. However, if your request is complex or there is a large number of requests, we will inform you within a month, about the (2) month extension that may be required to respond to you.
3. I declare that I have been informed of the right to submit a request to you for access, correction, deletion or restriction or the processing of my data, as well as the right to submit a complaint to the Personal data Protection Authority.
4. The Application and the copy of the ID are kept for (5) five years from their receipt.

Date : .../.../ 202..

Name of Recipient / Date:

Signature: