**FORM FOR EXERCISING THE RIGHTS OF THE DATA SUBJECT**For a successful and quick processing of the request, we ask you to provide identification data and be as accurate as possible in description of your request.

|  |
| --- |
| **Applicant (data subject)** |
| **Name:**  | **Surname:**  | **Date of birth:**  | **Academic degree** |
|       |       |       |       |

**Pernament address:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Street:** | **Street number:**  | **Town:** | **State:** |
|       |       |       |       |

**Contact Address:** Only if the contact address is different from the permament address.

|  |
| --- |
|  |

**Contact data:**

|  |  |  |
| --- | --- | --- |
| **e-mail:**  | **Contact telephone\*:**  | **ID Data Box\*:** |
|       |       |       |

\* Optional data - can be used for possible questions of the MMCI during the processing of the application or for sending a response to the application.

**Additional information that can facilitate your identification in our records, filling in is optional:**

I am: [ ]  current or [ ]  former employee MMCI, your evidence number:\_\_\_\_\_\_\_\_\_\_\_\_\_

I am: [ ]  current or [ ]  former patient MMCI;

[ ]  others (e.g. job applicant, volunteer, intern, close person, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**identification of the request:**

**I request:**

[ ]  Right to access by data subject;

[ ]  Right to rectification;

[ ]  Right to erasure ('right to be forgotten');

[ ]  Right to restriction of processing;

[ ]  Right to data portability;

[ ]  Right to object.

**Preferred shipping method:**

[ ]  personally in MMCI; [ ]  via e-mail, [ ]  via data box, [ ]  via mail to pernament adress, [ ]  via mail to contact adress;

*Information sent by e-mail will be encrypted and the password will be sent via SMS to the specified phone number.*

If MMCI has reasonable doubts about the identity of the natural person submitting this application, he may request further information necessary to confirm the identity of the data subject and in some cases specify request.

[ ]  I am informed that the data indicated in this form are used exclusively to respond to requests and will be kept for 5 years, in order to ensure appropriate proof of the procedure, for any exercise of rights in administrative or judicial proceedings.

In       Date:       podpis:

**APPLICANT IDENTITY VERIFICATION**

(not filled in by the applicant, filled out by the recipient of the application in MMCI in case of personal submission of the application)

The applicant's identity was verified on the basis of a personal document:

[ ]  Identity card.:       ; or [ ]  Passport:       ;

Other:

Identity verification performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; ID n.:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_