



Data Subject Request Form

This form should be used to submit a data subject request under the provisions of the European Union General Data Protection Regulation (GDPR).

Submitter Details

Name:		
Identification data:	ID number:	
Contact details:	Street:	Number:
	Postal Code:	City:
	Country:	
	Email:	
Phone Number:		

Type of Request

Please select the type of request you are making:

- Consent Withdrawal*
- Access request*
- Rectification of personal data*
- Erasure of personal data*
- Restriction of processing of personal data*
- Personal data portability request*
- Objection to processing of personal data*
- Request regarding automated decision making and profiling*

Personal data involved

--

Request details

--

Request reason/justification

--

Signature:	
Name:	
Date:	

You can submit your form in the following ways:

- Online at email: dpo-inab@certh.gr
- By postal mail to Address: Institute of Applied Biosciences
Centre for Research and Technology Hellas
6th Km. Charilaou – Thessaloniki Road
P.O. BOX 60361 GR – 57001

Thermi, Thessaloniki
Hellas

- Personal delivery