

APPLICATION FORMAT FOR EXERCISING YOUR DATA PROTECTION RIGHTS

Date: ____ / ____ / ____

1.- Holder's identification details:

Name	
First surname	
Second surname	
Address	
Email address	
Telephone number	

2.- Company or companies of the Globalia Group to which you provided your Personal

3.- ARCO rights you wish to exercise:

((Mark with an X the option you want))

<input type="checkbox"/>	Access
<input type="checkbox"/>	Rectification
<input type="checkbox"/>	Erasure/Rectification
<input type="checkbox"/>	Opposition
<input type="checkbox"/>	Portability
<input type="checkbox"/>	Limitation

4.- State clearly and accurately the personal data on which you wish to exercise one of the aforementioned rights.

5.- If you wish to Rectify your data, please provide the correct information below

6.- The place where you wish to receive the corresponding reply:
(Mark with an X the option you want)

<input type="checkbox"/>	Offices where you presented this application during customer service hours.
<input type="checkbox"/>	At the following address:
<input type="checkbox"/>	Email address
<input type="checkbox"/>	Other

7.- Proof of identity:
(Mark with an X the option you want)

<input type="checkbox"/>	DNI
<input type="checkbox"/>	Passport
<input type="checkbox"/>	N.I.E.
<input type="checkbox"/>	Other

Yours sincerely.

(Signature of the Holder or legal representative)