Request Form  
Data Subject

This form must be used to make the request of the data subject in accordance with the provisions of the General Data Protection Regulation of the European Union (GDPR).

Details of the Applicant:

|  |  |
| --- | --- |
| **Title:** |  |
| **Name:** |  |
| **Address:** |  |
| **Identity:** |  |
| **e-mail address:** |  |

Request Type

Please select the request type you submitted:

|  |  |
| --- | --- |
| ☐ | *Withdrawal of Consent* |
| ☐ | *Access Request* |
| ☐ | *Correction of personal data* |
| ☐ | *Deletion of personal data* |
| ☐ | *Restriction of the processing of Personal Data* |
| ☐ | *Personal Data Portability Request* |
| ☐ | *Refusal to process personal data* |
| ☐ | *Request for automated decision making and profiling* |

# Personal Data included

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|  |

# Request Details

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**Reasons and Basis of the Request**

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|  |  |
| --- | --- |
| **Signature:** |  |
| **Name:** |  |
| **Date:** |  |

Once completed, this form should be converted to a .pdf file to prohibit further processing and submitted by e-mail to: **info@epichal.gr** or mailed to:

REGION OF WESTERN MACEDONIA

ZEP Kozanis 50100,

Tel. 2461052610, 11, 15

email: [info@pdm.gov.gr](mailto:info@pdm.gov.gr)