personal data applicant´s request

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| --- |
| **Fill out only the cells in this shading!!!** |

\* Items marked with the asterisk are mandatory.

**In accordance with the General Regulation  (GDPR EU 2016/679), I hereby**

|  |  |
| --- | --- |
| **Applicant´s first and last name\*** |  |
| **Applicant´s birthday:\*** |  |
| **Applicant´s permanent address:\*** |  |

**ask** the administrator of my personal data (PD), the company SOR Libchavy spol. s r.o., **to ensure**

|  |  |  |  |
| --- | --- | --- | --- |
| **the right of** | **tick your choice** | **in the scope (specify your requirement)** | **request settlement** |
| **providing information** on processed PD |  |  |  |
| **accessing my PD** (remotely, if technically possible) |  |  |  |
| **correction/amendment** of my PD |  |  |  |
| **deleting my PD** (in the scope as specified) |  |  |  |
| transferring my PD (**specify which data**) |  |  |  |
| transferring my PD (**to whom**) |  |  |  |
| **raising objections** to processing my PD |  |  |  |
| **disagreement (withdrawal of agreement) with** processing my PD |  |  |  |
| **limited processing** (temporally or otherwise limited, eg: not automated) |  |  |  |

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|  |

**Date:\***

**Signature:\***

**The applicant´s rights of administering their PD are ensured by (point of contact)**

|  |  |
| --- | --- |
| First and last name: |  |
| Role/ position: | Personnel Officer |
| E-mail address: | personal@sor.cz |
| Phone/cell no.: | 00420 / 465 519 416 |
| Request settled on (date): |  |
| Point of Contact signature: |  |
| Method of Request Settlement Justification: |  |

The physical person may also turn to the Point of Contact with the request to ensure their rights or information about PD. The eligibility of any request will be assessed within 30 days following its receipt.

The request may be delivered to the Point of Contact in hard copy or electronic form, or in person, by filling out the application form.

Indispensable for processing the request is to verify the applicant´s identity. It is always necessary to include the applicant's current contact information (i.e. mandatory data) within the scope of the mandatory data as specified in the form.

**Information for Applicants:** The request must be sent or delivered to:

* SOR Libchavy spol. s r.o., Dolní Libchavy 48, 561 16 Libchavy;
* or via e-mail: personal@sor.cz.

The physical person is entitled to file a complaint about the administrator´s PD processing to the supervisory office for the Czech Republic, as detailed below:

**Úřad pro ochranu osobních údajů (Office for Personal Data Protection)**

Pplk. Sochora 27, 170 00 Praha 7

E-mail: posta@uoou.cz

Date box: qkbaa2n