

REPRESENTATION MODEL

AUTHORISING REPRESENTATION

I,
Mr/Mrs.....
with tax Identification Number....., a copy of which is provided with an
address for notifications at:

Address
Town
Postcode
Country

GRANT REPRESENTATION POWER to Mr/Mrs.....
with tax Identification Number....., a copy of which is provided with an
address for notifications at:

Address
Town
Postcode
Country

To act in my name and on my behalf, before the party responsible for files, in the process
of exercising my right to access/ rectification/erasure/object (choose the one that is relevant
in each case) requested by the represented party and corresponding to
data processing activities as PATIENT/ CLIENT / WEB / USER/ CANDIDATE / WORKER
/PROVIDER, ETC. (Choose the one that is relevant in each case).

In terms of this procedure, the representative can carry out the following:
Request the right to access/rectification/erasure/object
Gather the information and documentation that is requested in each case

ACCEPTANCE OF THE REPRESENTATION

By signing this document, the representative accepts the representation powers granted
to them and confirms the authenticity of the signature of the granter, as well as of the
copy of the national identity document that accompanies this document.

In _____ on the__ of _____, _____.

THE GRANTER

THE REPRESENTATIVE