

REQUEST FOR RIGHT TO RESTRICT PROCESSING

DATA OF THE CONTROLLER RESPONSIBLE FOR THE FILE

Address of the Office / Service that the request to exercise the **right of access** is being made to:

Company name: Equipo Médico Crespo S L U

Tax Identification Number: B98691074

Headquarters: Avda. General Avilés, N.º 90 bajo 46015 Valencia

Delegation: Calle Llandells, 2-4 Bajo 12598 Peñíscola Castellón

Telephone number: 961042557 Headquarters / 964489132 Peñíscola office

Email: lopd@juanacrespo.es

Contact our Data Protection Officer (DPO): dpo@juanacrespo.es

DATA OF THE DATA SUBJECT OR LEGAL REPRESENTATIVE

I, Mr / Mrs, of legal age, resident at
C/Plaza.....n.º.....,
Town.....Province..... Postcode..... with national
identification number....., a copy of which is provided, by means of this document, exercise
the right of access, in accordance with that which is established in Article 18 of the EU Regulations 2016/679,
related to the protection of physical persons in terms of personal data and the free circulation of this data,
and as a consequence,

(This can also be exercised via a legal representative. In this case, in addition to the national identification document of the data subject, a copy of the third party representative and an authentic accrediting document must be provided).

REQUEST,

That the processing of my personal data is restricted, based on:

1. The contestation of the accuracy of my personal data during the time period that allows the controller to verify its accuracy.
2. Consideration that processing is illicit, but I do not wish my data to be deleted.
3. The fact that despite no longer being necessary for the controller, my data is necessary to formulate, exercise or defend complaints.
4. Having objected to the processing of my data, in accordance with Article 21, section 1, I request its restriction until it has been verified whether the legitimate motives of the controller take precedence over my own motives as data subject.

Choose the most relevant option, eliminating the rest and adding any other consideration.

Agree the erasure of the personal data which is the subject of this request to exercise a right, without undue delay and within a maximum regulatory time period of 30 days beginning on the reception of this request, and I shall be notified in writing of the result of the cancellation.

If within the regulatory time period it is agreed that the proposed total or partial erasures will not be effectuated, I will be notified in order to, where relevant, request protection from the competent supervisory authority.

If the erased data has been previously communicated, the controller responsible for the file will be notified of the cancellation so that he may also proceed to make any necessary corrections to respect the principle of accuracy in Article 5 letter c of the regulation (EU) 2016/679.

In _____ on the ___ of _____, _____
Signed