

REQUEST OF RIGHT TO ERASURE

DATA OF THE CONTROLLER RESPONSIBLE FOR THE FILE

Address of the Office / Service that the request to exercise the **right to erasure** is being made to: Company name: Equipo Médico Crespo S L

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....., email.....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 17 of the EU Regulations 2016/679, General Data Protection Regulation (GDPR).

REQUEST,

That an agreement is made to erase the personal data that is object of this request without undue delay and within a maximum of 30 days beginning on the reception of this request and that I shall be notified of the result of this erasure.

If within the regulatory time period it is agreed that my request to object to the processing of my personal data will not be processed, I shall be notified of this in order to, where relevant, request protection from the competent Supervisory Authority.

That in the event that my personal data have been communicated by this controller to other controllers, this deletion be communicated.

In _____ on the ___ of _____, _____ Signed

INSTRUCTIONS

1. This form shall be used by the data subject when he/she wishes the data to be erased when any of the events contemplated in the General Data Protection Regulation. For example, unlawful data processing, or when the purpose for which the data were processed or collected has ceased to exist.
However, certain exceptions are foreseen in which this right will not be applicable. For example, where the right to freedom of expression and information should prevail.
2. The applicant must be sufficiently identified in the application, which must be signed. If the application is made by a third party, the representation granted for this purpose must be duly accredited.
You should be aware that, where the controller has reasonable doubts as to the identity of the natural person making the request, he/she may request that the information be provided to the controller.
3. The Spanish Data Protection Agency does not have their personal data and can only provide the contact details of the Data Protection Officers of the entities obliged to appoint one who have notified their appointment to the Agency.
Data Protection Officers of the entities obliged to appoint one who have notified their appointment to the Agency. It may also provide these contact details in respect of those entities that have voluntarily appointed a Data Protection Officer and have notified it.
4. The owner of the personal data undergoing processing must contact directly the public or private body, company or professional of which he/she presumes or is certain that he/she holds the data.
5. In order for the Spanish Data Protection Agency to process your complaint in the event that your request to exercise your right to erasure has not been complied with, it is necessary that the data controller has not made the right effective, and provides one of the following documents:
 - the refusal of the controller to erase the data requested.
 - a copy of the erasure request form, stamped by the controller.
 - a copy of the cancellation request form stamped by the post office or a copy of the receipt for sending it by registered post.
 - any other means of proof provided by the controller from which receipt of the request can be deduced.