LIKNOSS GROUP
CONNECTING SEAS

DATA SUBJECT RIGHTS EXERCISE FORM

Request ID number		Date	

Name*	***Surname****

ID / Passport Number (for identification)*

Are you an employee of the Company*?	***Registry Number if applicable***
YES ☐ **NO** ☐	
Mobile phone Number	***Landline Phone Number***
email*	***Postal Address****
Preferred Communication Method	**SMS** ☐ **email** ☐ **Mail** ☐

Please note that the response to the rights exercise is in writing

** fields with asterisc are mandatory*

Exercise of Right	
Access ☐	*Restriction of Processing* ☐
Rectification ☐	*Data Portability* ☐
Erasure ☐	*Objaction* ☐

Please provide details regarding your request	
Signature	

For Company Use Only

Notes

Request Recipient	
Date / Signature	
Data Protection Officer:	
Date/ Signature	