

## Data Subject Request Form

This form is used to submit a data subject request under the provisions of the General Data Protection Regulation of the European Union (GDPR).

### Personal Submission Details

Title:	
Full name:	
Address:	
ID Card No.:	
E-mail:	

**Type of Request**

Select the type of request you have submitted:

- Consent Withdrawal*
  
- Access request*
  
- Rectification of inaccurate personal data*
  
- Erasure of personal data*
  
- Restriction of the processing of personal data*
  
- Personal Data Portability Request*
  
- Object to processing of personal data*
  
- Request concerning automated individual decision making including profiling*

**Personal data involved**

**Request details**

Request reason/justification

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Signature:	
Full name:	
Date:	

Once completed, this form should be converted to a pdf file to prevent further processing and submitted via email to: [dpoepke@cmc.gov.gr](mailto:dpoepke@cmc.gov.gr) or mailed to: 1 Kolokotroni & Stadiou, 105-62 Athens.