## UAB "Biomapas"

Registration code: 135750888 Address: K. Donelaicio str. 60, Kaunas, Lithuania

SUBJECT'S PERSONAL DATA REQUEST FORM				
	(date)			
-	DEDGONAL DETAILS OF DATA SUBJECT			
I. PERSONAL DETAILS OF DATA SUBJECT:				
(please insert your personal details below, which would allow us to identify you in order to pursue your, as a Data Subject, rights)				
Name (-s) Surname (-s)				
	Phone number			
	Address			
	Email address			
	Birth date			
	Other Other			
O				
II.	REQUEST OF DATA SUBJECT:			
(p	please check which of the rights you claim to pursue)			
	Acknowledge with your personal data processing			
	Acknowledge with your personal data which is processed and receive copies of it			
	Require deleting your personal data			
	Require rectification of your personal data			
	Require transferring personal data			
	Restrict the processing of your personal data			
	Disagree with your data processing			
	Cancel the consent, which was given earlier			
	Disagree with the decision taken on the basis of automated decision-making and profiling and to require a person to intervene			
*If you require to acknowledge with your personal data processing or acknowledge with your personal data which is processed and receive copies of it, you may specify what specific information about your personal data you want to receive. Also, you can provide additional information, which you consider necessary, so that we could properly pursue your request:				

<sup>\*</sup>If you require to delete your personal data, please, specify which personal data is required to be deleted and the reason for the deletion:

<sup>\*</sup>Fill in the fields marked with an asterisk only according to the request for the chosen data subject right.

	If you require rectification of your persona	l data, please, fill the table below:
In	naccurate personal data	Accurate personal data
Yo	ou can provide additional information, whi	ich you consider necessary, so that we could properly pursue your request:
III.	METHOD OF RECEIVING ANS	
(p	please specify how would you prefer to rece	
	By email:	
	By telephone:	
IV.		UMENTS FOR IDENTIFICATION:
(p	please specify which information we need to	o rely on in order to identify you)
	_	
		Data Subject's name, surname, signature

<sup>\*</sup>Fill in the fields marked with an asterisk only according to the request for the chosen data subject right.