## UAB "BIO1"

Registration code: 304457362 Address: Santariskiu str. 2, Vilnius, Lithuania

## SUBJECT'S PERSONAL DATA REQUEST FORM

(date)				
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			
C	ther			
II.	REQUEST OF DATA SUBJECT:			
(1	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>Fill in the fields marked with an asterisk only according to the request for the chosen data subject right.

* <b>I</b> j	If you require to delete your personal data	, please, specify which personal data is required to be deleted and the reason for the deletion:
* <i>I</i> j	If you require rectification of your persona	ıl data, please, fill the table below:
	naccurate personal data	Accurate personal data
Yo	ou can provide additional information, wh	ich you consider necessary, so that we could properly pursue your request:
	ou can provide dadinoral injormation, me	
III.	METHOD OF RECEIVING AN	
_	please specify how would you prefer to reco	
	·	
	By telephone:	<del></del>
IV.	YOU HAVE SUBMITTED DOC	UMENTS FOR IDENTIFICATION:
	please specify which information we need t	
	-	Data Subject's name, surname, signature
		Zam zanjevi v mano, varname, vignami