



F. K. LIOTOPOULOS & ASSOCIATES LIMITED PARTNERSHIP

DATA SUBJECT'S ACCESS REQUEST FORM

You have the right to request for personal data that F.K. LIOTOPOULOS & ASSOCIATES LIMITED PARTNERSHIP, known as SBOING, may hold about you. This is known as a Data Subject's Access Request (hereinafter, DSAR). A data subject is an individual who is the subject of the personal data. If you wish to make a DSAR, please complete this form and return to SBOING via email at info@sboing.net or by post at SBOING's headquarters, i.e. at the address 124 K. Karamanli Street, Diavata, 57008 Thessaloniki, Greece.

In accordance with art.15 of GDPR regarding DSAR:

The data subject shall have the right to obtain from the controller confirmation as to whether or not personal data concerning him or her are being processed, and, where that is the case, access to the personal data and the following information:

- 1. the purposes of the processing;*
- 2. the categories of personal data concerned;*
- 3. the recipients or categories of recipient to whom the personal data have been or will be disclosed, in particular recipients in third countries or international organizations;*
- 4. where possible, the envisaged period for which the personal data will be stored, or, if not possible, the criteria used to determine that period;*
- 5. the existence of the right to request from the controller rectification or erasure of personal data or restriction of processing of personal data concerning the data subject or to object to such processing;*

6. *the right to lodge a complaint with a supervisory authority;*
7. *where the personal data are not collected from the data subject, any available information as to their source;*
8. *the existence of automated decision-making, including profiling, referred to in Article 22(1) and (4) and, at least in those cases, meaningful information about the logic involved, as well as the significance and the envisaged consequences of such processing for the data subject.*

Where personal data are transferred to a third country or to an international organization, the data subject shall have the right to be informed of the appropriate safeguards pursuant to Article 46 relating to the transfer.

The controller shall provide a copy of the personal data undergoing processing. For any further copies requested by the data subject, the controller may charge a reasonable fee based on administrative costs. Where the data subject makes the request by electronic means, and unless otherwise requested by the data subject, the information shall be provided in a commonly used electronic form.

The right to obtain a copy referred to in paragraph 3 shall not adversely affect the rights and freedoms of others.

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| 1. Data Subject's Full Name | 2. Data Subject's Date of Birth |
| | |
| 3. Data Subject's Current Address | |
| | |
| 4. Data Subject's Telephone Number | |
| Home Telephone No: | Mobile Telephone No: |
| | |
| 5. Details of data requested: | |
| | |
| 6. To help us search for the information you require, please let us know the data you require with as much detail as possible (e.g. copies of emails between <dd/mm/yyyy> and <dd/mm/yyyy >). If we do not receive sufficient information to locate the data you require, we may be unable to comply with your request. | |

7. Please, tick with X one of the following options if the information is going to be sent to the data subject or his/her representative?

To the data subject To the representative

If the data is sent to the representative, then sections 9 and 10 need to be filled out.

8. I confirm that I am the Data Subject.

Signature: _____

Print Name: _____

Date: _____

I enclose a copy of my ID and address proof documents (including a government issued ID document).

9. (To be filled out if the question 7 is answered with “To the representative”) The Data Subject (whose data is being requested) must give written authorization for the information to be released to his/her authorized representative.

I hereby give my authorization for _____
(fill out the name of the authorized representative) to request access to my personal data.

Signature of Data Subject: _____

Print name: _____

10. (To be filled out by the representative of the data subject) I confirm that I am the authorized representative of the Data Subject.

Name of authorized representative and address where personal data is to be sent:

Signature:

Print Name: _____

Date: _____

We will make every effort to process your data subject's access request as quickly as possible within 30 calendar days. However, if you have any queries whilst your request is being processed, please do not hesitate to contact SBOING at this email address: info@sboing.net