

## REQUEST FOR EXERCISE OF RIGHTS

### INFORMATION ON APPLICANT

1 First name and last name: \_\_\_\_\_

2 Contact details (e-mail address, address, telephone):

e-mail:

\_\_\_\_\_

address:

\_\_\_\_\_

telephone:

\_\_\_\_\_

**I WOULD LIKE TO EXERCISE THE FOLLOWING RIGHT** (please circle one or more rights):

- 1 Right to access personal data;
- 2 Right to rectify personal data;
- 3 Right to erase personal data;
- 4 Right to restrict processing of personal data;
- 5 Right to transfer personal data;
- 6 Right to object to processing of personal data;

Please briefly provide the reasons Your request for exercising the rights is based on and, if needed, attach additional documents:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Detailed information on Your rights regarding Your personal data You can find in our Personal data protection policy which is available on our notice board and web page [www.odvjetnicki-ured-rakusa.hr](http://www.odvjetnicki-ured-rakusa.hr)

### IMPORTANT INFORMATION:

By putting Your first and last name at the end of this form, You confirm that You filed this request and that the information and statements provided in this request are entirely true and accurate.

Attorney at law office collects and processes Your personal data mentioned in this Request only pursuant to Your Request and for the purpose of conducting the appropriate procedure for exercising one or more of Your rights.

About further proceedings and possible exercising of Your rights pursuant to this Request, we will inform You in a timely manner using Your contact details mentioned in this Request.

In case You disagree with our decision based on Your Request, You are entitled to file an objection against it with the supervisory authority for protection of personal data in the Republic of Croatia. Agency for Protection of Personal Data (AZOP), Martićeva 14, 10000 Zagreb

Date of filing the request:

Signature:

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