

Instructions:

Please fill in with capital letters and tick the appropriate boxes according to the content of the request.

Data regarding controller of personal data:

ALKALOID d.o.o., Zagreb, Slavonska avenija 6A

PIN: 28052499240

e-mail: <u>alkaloid@alkaloid.hr</u> Phone: +385 1 63 11 920 Fax: +385 1 6311 922

Data regarding applicant:

| (data marked with (*) are not mandatory and may be delivered for easier communication) | | | | |
|--|--|--|--|--|
| NAME AND SURNAME: | | | | |

| NAME AND SURNAME: | | |
|-------------------------------|--|--|
| ADRESS: | | |
| PIN: | | |
| (if applicable or for | | |
| foreign citizens - national | | |
| ID No./No. of document | | |
| ID) | | |
| Phone:* | | |
| e-mail* | | |
| DATA REGARDING | | |
| REPRESENTATIVE OF | | |
| THE APPLICANT: | | |
| (fill in in case applicant is | | |
| represented by third party) | | |

(Controller shall use data collected in this form for accomplishing rights of data subjects in accordance with General Data Protection Regulation and for purpose of answering inquiries and objections of data subject. These data are mandatory and in case of their denial controller shall not be able to respond to the request of data subject. The collected data are considered as secret and controller shall act in accordance with maintaining of data confidentiality obligation.)



APPLICANT WHOSE PERSONAL DATA THE CONTROLLER COLLECTS AND PROCESS, BY SUBMITTING THIS REQUEST SHALL USE ONE OR MORE RIGHTS UNDER GENERAL DATA PROTECTION REGULATION:

(Tick the type of right in respect of this request)

| Right to rectification, pursuant to Art. 16. of General Data Protection Regulation, as follows: | | | | | |
|--|--|--|--|--|--|
| □ I sub | ☐ I submit a request for <u>rectification</u> of following data: | | | | |
| (It is n | ecessary to state personal data as required below) | | | | |
| OLD DATA | | | | | |
| NEW DATA | | | | | |
| CHANGE IS BASED/PROVED BY: (please provide the bas proof for changing) | s / | | | | |
| ☐ I submit a request for <u>rectification</u> of following data, with data: (It is <i>necessary</i> to state personal data as required below) | | | | | |
| INACCURATE DATA | | | | | |
| ACCURATE DATA | | | | | |
| CHANGE IS BASED/PROVED BY: (please provide the bas proof for changing) | s / | | | | |



| ☐ I subm | nit a request for <u>supplement</u> of fol | lowing data, with | data: |
|---|---|---|---|
| (It is nec | essary to state personal data as required belov | v) | |
| INCOMPLETE DATA | | | |
| COMPLETE DATA | | | |
| CHANGE IS BASED/PROVED BY: (please provide the basis proof for changing) | | | |
| Important notes: | | | |
| Controller has a personal data, a resolution of thi Controller may Controller shall request. This de Controller may notifications in | ves the right to refuse your request if posto confirm your identity and may contains well as supplementary statement which is request. use all reasonable measures to establish the respond to your request as soon as posto adline may be extended for additional 300 charge a reasonable fee taking into a accordance with the Criteria for Fees dequest if the requests of data subject are | the identity of the dassible, no later than so days, of which you account administrat | al information necessary to locate your of establishing the facts relevant to the state subject which is seeking access. 30 days from the date of receipt of the will be notified in a timely manner. Eive costs of providing information of sonal Data Protection Agency, or refus |
| Signature: | | Name and surname: | |
| | Signature of applicant | | Name and surname of applicant |
| I hereby confirm tha | at all informations in this request | and attached doc | uments are true and correct. |
| Date: | | | |

- Request can be delivered to us in the following way:

 by post ALKALOID d.o.o., Slavonska avenija 6A, Zagreb (for Data Protection Officer)

 by e-mail: dpo@alkaloid.hr