

EXERCISE THE RIGHT OF ERASURE (RIGHT TO BE FORGOTTEN)

CONTROLLER DATA

Name/Company: _____, Address of the Office or Service
where the right of Erasure is exercised: Street: _____, Number: _____,
Postal Code: _____, City: _____, Province: _____, Country: _____.

INTERESTED PARTY DATA/LEGAL REPRESENTATIVE DATA

Name: _____
Address: _____
Identification Number: _____, E-mail: _____

By means of this document, I exercise my Right of Erasure, in accordance with the provisions of Article 17 of the Regulation (EU) 2016/679, of the European Parliament and of the Council, of 27 April 2016, on the Protection of Natural Persons with regard to the processing of personal data and on the free movement of such data.

REQUEST

That the erasure of my personal data be agreed within a period of one month from the receipt of this request, and that I be notified, in writing, of the result of the erasure carried out.

That, in the event that it is agreed that it is not appropriate to carry out the requested erasure, in whole or in part, it is communicated to me with the reasons, in order to, where appropriate, claim at the corresponding Control Authority.

That, in the event that my personal data has been communicated by the Controller to others, this erasure is also communicated to them.

In: _____, Date: _____

Signed by: _____

INSTRUCTIONS

1.- This requested form will be used by the interested party when they want the erasure of their data when any of the cases contemplated in the General Data Protection Regulations concur. For example, illicit data processing, or when the purpose that motivated the processing or collection has disappeared.

However, certain exceptions are foreseen in which it will not be possible to access this right. For example, when the right to freedom of expression and information should prevail.

2.- It will be necessary to provide a photocopy of the Identity card or equivalent document that proves your identity and is considered valid in law, in those cases in which the Controller has doubts about his or her identity. In the event of acting through legal representation, an ID and document accrediting the representative's representation must also be provided.

3.- The Spanish Agency for Data Protection does not have your personal data and can only provide the contact details of the Data Protection Delegates of the entities obliged to designate one that have communicated their appointment to the Agency. You can also provide these contact details regarding those entities that have voluntarily designated a Delegate and have communicated it.

4.- The owner of the personal data subject to treatment must go directly to the public or private body, company or professional that they presume or are certain that possess his or her data.

5.- In order for the Spanish Data Protection Agency to process your claim in the event that your request to exercise the right of erasure has not been met, it is necessary that one month has elapsed since the submission of the request for which the right of erasure is exercised, and that one of the following documents be provided, together with the document that, if applicable, has been received from the data controller:

- × The refusal of the Controller to erasure the requested data
- × A copy, stamped by the Controller, of the erasure request form
- × A copy of the erasure request form stamped by the post office or copy of the receipt of the shipment by certified mail
- × Any other means of proof provided by the data controller and from which receipt of the request can be deduced