

**REQUEST FOR ACCESS, CORRECTION, DELETE, LIMITATION OF PROCESSING,  
PORTABILITY, OBJECTION TO THE PROCESSING OF PERSONAL DATA BY DATA  
SUBJECTS**

<b>1. Full data subject name</b>		<b>2. Data Subject's Date of Birth</b>	
<b>3. Data Subject Address</b>			
<b>4. Data subject's telephone number</b>			
Telephone number		Mobile number	
<b>5. What this application is about</b>			
Access <input type="checkbox"/> Correction <input type="checkbox"/> Erasure <input type="checkbox"/> Restriction of Processing <input type="checkbox"/> Portability <input type="checkbox"/> Objection to Processing <input type="checkbox"/>			
<b>6. Data details</b>			
<b>7. To help us locate the information you are requesting, please let us know the data your request refers to in as much detail as possible (eg copies of emails between &lt;date&gt; and &lt;date&gt;). If we do not receive sufficient information to locate the data that is the subject of this request, we may not be able to respond to your request.</b>			

**8. Will the response be sent to the data subject or his/her representative?**

To data subject  To representative

If the data is sent to the representative, then paragraphs 10 and 11 must be completed.

**9. I confirm that I am the Data Subject**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

I am enclosing/attaching a copy of the identity card and proof of my address.

**10. (To be completed if question 8 is answered "To the representative") The Subject Data subject (whose data is requested) must give written authorization for the information to be made available to his/her authorized representative.**

I hereby give my authorization to  
(Fill in the name of the authorized representative) to request access to my personal data.

Subject's signature  
of data \_\_\_\_\_

Name \_\_\_\_\_

**11. (to be completed by the Data Subject's representative) I confirm that I am the Data Subject's authorized representative.**

Name of the authorized representative and address to which the personal data will be sent

---

---

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

We will make every effort to process your data access request as quickly as possible within 30 calendar days. However, if you have any questions while your application is pending, please do not hesitate to contact us at this email address; [info@kazakosrealestate.gr](mailto:info@kazakosrealestate.gr)