

REQUEST FOR THE EXERCISE OF THE RIGHTS OF THE PERSONS CONCERNED

(Copy of your National ID card or official physical identification document required to be attached)

CONTROLLER INFORMATION:

BUSINESS NAME: LAB	COMERCIAL EQUIPMENTS, SL			
VAT No.: ESB66451709				
		MENTS, SL. C/ Amigó, 35 4 B - 08021 F	Barcelona (Barcelona).	
E-mail: info@labcomerc	ıal.com.			
DETAILS OF THE INTER	RESTED PARTY OR LEGAL REPRES	ENTATIVE:		
Mr./ Mrs.ª		_	=	
City				
		Country		
		, a copy of w I party, in accordance with Articles 15,		
	J) 2016/679 of 27 April 2016 (GDPR)		10, 17, 10, 19, 20, 21, 22	
	, , ,	•		
REQUESTS,				
To be provided, at no co	st, the right of (select only one box w	th a X):		
	Access to data			
	Rectification of data			
	Suppression or delete of data			
	Portability of data			
	Restriction to processing of data	a		
		period of one month from receipt of the es), this request shall be addressed a		
Barcelona, on				
Name		, with TIN		
Legal representative of Signature:		, with TIN		

 $^{(^\}star)\ National\ Identity\ Card,\ Tax\ Identification\ Certificate,\ For eigner's\ Identity\ Number,\ Passport,\ Vat\ Numer;\ Tax\ Identification\ Numbers$