

**APPLICATION FOR EXERCISING THE RIGHT TO ERASURE
(Article 17 GDPR)**

To:

Company Name:

Postal Address:

Telephone:

Email:

Application No./Date:

SECTION ONE: Applicant's Personal Information

First Name:

Last Name:

Email:

Telephone:

SECTION TWO: Are you the data subject?

YES

NO – I am submitting this application on behalf of and in the name of the data subject.

A) If there are reasonable doubts regarding the identity of the data subject, we may request additional information to verify their identity.

B) If you are acting as a representative of the data subject, please attach a copy of their authorization or another relevant document, especially if the request concerns a minor's data.

**SECTION THREE: Data Subject's Personal Information
(if the data subject is not the applicant)**

First Name:

Last Name:

Email:

Telephone:

SECTION FOUR: Reasons for Erasure

Please specify the specific reasons for requesting the erasure of your data by filling in the relevant fields below:

- The personal data is no longer necessary for the purposes for which it was collected.
- You are withdrawing your consent to the processing.
- You object to the continued processing of your personal data.
- You believe that your personal data has been processed unlawfully.
- There is a legal obligation requiring the erasure of your data.
- You are representing a minor or were a minor at the time of processing and wish to have your data erased, which was collected in connection with the provision of information society services.

Justification:

SECTION FIVE: Description of the Request - Additional Information

Please describe which specific personal data you wish to be erased or provide more details about your request, if applicable:

If you wish to submit additional documents related to your request, please attach them to this application.

Preferred method of receiving our response:

By email

By post

Collect from our office

Street

Number

City

Postal Code

INFORMATION NOTICE

You will receive a response to your request free of charge and without delay, and in any case within one (1) month from the date we receive this application. However, if your request is complex or if we receive a large number of requests, we will inform you within the month if we need an extension of two (2) additional months, within which we will provide our response.

If your requests are manifestly unfounded or excessive, particularly due to their repetitive nature, our company may impose a reasonable fee.

The personal data you provide through this application will be processed by our company solely for the purpose of evaluating and fulfilling your request regarding the protection of your personal data (as required by Regulation 679/2016/EU). Entities processing data on behalf of our company may have access to this information. For more details, please refer to [insert relevant link to privacy policy].

We do not respond using automated decision-making. You have the right to access, rectify, delete, restrict, and object to the processing of this request. If your request is not satisfied, you have the right to lodge a complaint with the Hellenic Data Protection Authority (www.dpa.gr) and/or take legal action before the competent courts.

Signature**Date****Attached Documents:**

1. Authorization from the data subject or other relevant document, particularly if the data subject is a minor, authorizing the representative to complete and submit this application.
2. Additional documents related to the erasure request.