



***Before you complete the application form, please read the instructions included in the Appendix carefully.**

A. Personal information

Subject Access Request Form

Surname/ Family name:	
First Name:	
Address:	
Zip code:	
Phone number:	
ID card: Number	

Email address:

B. Data Subject's status/association with the Company

In order to validate your personal data, please check the following information.

How are you associated with the Company (Please fill in with X):

Employee:

Client:

Supplier / Vendor:

Collaborator:

Other:

If you chose "Collaborator" or "Other" please specify:

.....

C. Request

Please describe the way in which you require the Company to take action with regard to your personal data:

D. Further information concerning your request

Does your request have any relation to_a specific event or period of time?	YES	NO
--	-----	----

If “YES” please specify:

Event:	
Time period:	

E. Declaration

I..... hereby declare that I have read, understood and agree to the terms of this Access Request Form. I also confirm that the personal data given to the Company are accurate. I fully acknowledge that the company has the right to verify the data and to request additional information if needed for verification purposes.

Signature:

Date:

Please return the completed form to the following address:

Data Protection Officer email: DPO@helpe.gr
 Phone number: 210 6302252
 Address: 8A Chimarras str., GR 151 25-Maroussi

F. Request form on behalf of the Data Subject

If you are making this request on behalf of someone else, please provide a power of attorney, complete the following information about yourself and the data subject and sign the above declaration:

Representative’s personal data

Surname/ Family name:	
First Name:	

Address:	
Zip code:	
Phone number:	
ID card Number	
Email address:	

Data Subject's personal data

Surname/ Family name:	
First Name:	
Address:	
Zip code:	
Phone number:	
ID card:	
Email address:	

Appendix – Terms of Access Request Form

1. The form must include all the necessary information/documentation in order to enable the Company to respond to your request.
2. If the criteria are met, the request is then forwarded to the IT department, the Directorate of Internal Finance and Administrative Services of Asprofos, which assesses whether or not there is a technical complexity that may in return affect the time that is required for the request to be implemented and in doing so there is a risk of failing to meet the thirty (30) day deadline as it is set by GDPR. In the event that the request is too complex for the Company's IT Systems to handle and

require more than twenty (20) days, the IT Department will in turn inform the DPO to notify the Data Subject that there will be a two-month extension, otherwise the procedure of request assessment results in its implementation.

3. The Data Subject who submits the request form needs to provide the following documents:
 - Proof of identity (identity card, driving license, passport etc.) Proof of address (electricity and phone bill)

In the event that the Data Subject authorizes a representative to submit the form, the necessary documents to be submitted are the following:

- Power of attorney by a lawyer or any other public authority
 - Representative's proof of Identity (ID card, driving license, passport etc.) Address confirmation document of the data subject (electricity and phone bill)
4. The data subject may submit a request for exercising his/her rights pertaining to Personal Data in three different ways:
 - He/ She can visit the Company's head office in order to submit the designated form
 - Via the official company's web site (<http://www.asprofos.gr/el/>).
 - Via Courier or post, including the aforementioned identification documents
 5. The data subjects may not submit their request form in ways other than the aforementioned (e.g. email, social media etc.).