DATA SUBJECT REQUEST FORM

Karaiskakio Foundation (KF)

Under GDPR Regulation all living individuals to whom identifiable personal data relates to (called data subjects) have several rights relating to their personal data that the KF holds. Exercising their rights can be done through the current Data Subject Request form.

1. Data Subject's Information

Please provide the information about whose data the request is about (i.e. who is the Data Subject):

Name:	ID Number:
Telephone Number:	Date of Birth:

Tick (✓) what best describes the Data Subject's relationship with KF:

Patient		**Supplier or contractor**	
Employee (current or past)		**Volunteer**	
Collaborator		**Candidate for recruitment**	
Persons indicated as next of kin		**Trainee/Student**	
Other (please specify)**:**			

2. Requester's Information (In case that the requestor is other than the Data Subject)

Name:	ID Number:
Telephone Number:	Date of Birth:
E-mail:	

In case that the requester is other than the Data Subject, please indicate with a tick (✓) the premise under which you are making this request (please provide relevant evidence and ID):

Parental responsibility	
Legal representative	
Written authorisation by the Data Subject	

3. Type of Request Form

Tick (✓) the right you wish to exercise by submitting this request. For further information about your relevant rights please refer to the **KF Privacy Policy** as found in on our website www.karaiskakio.org.cy

Right to be informed (knowing how, why and what a Data Subject's personal data is collected and used for)	
Right to access (obtaining a copy of a Data Subject's personal data)	
Right to rectification (correcting a Data Subject's personal data)	
Right to erasure (deleting a Data Subject's personal data)	
Right to restriction (limit use but allow storage of a Data Subject's personal data)	
Right to data portability (transferring and reusing a Data Subject's personal data across other services)	
Right to object (stop processing/ withdrawing consent relating to a Data Subject's personal data)	

Provide further details about your request. For example, if you require specific documents/files, let us know which departments may hold these and include any relevant dates or if you would like to let us know the reasons for making this request, please include them here.

4. Declaration

- I certify that the information given in this request to the KF is true.
- I agree that the personal information I provided herein is necessary for the KF to confirm my identity and it may be necessary to obtain more information.
- I willingly supply along with this form a photocopy or scan of my National ID card or Passport as a form of photographic evidence of my identity.

Signature: _____ Date: _____

Send your completed form and related evidence of identity:

(a) By post at Karaiskakio Foundation 15, Nicandrou Papamina Avenue, 2032 Nicosia P.O. Box 22680, 1523 Nicosia

(b) By email at DPO dpo@karaiskakio.org.cy