



## Data Subjects Rights Request Form

**Please return this form:**

- via **post** to **E. Moutsou and Co. G.P.** headquarters (20 Lakonias Str., Alimos 175 46, Athens, Greece) or
- via **email** to [online-services@mmpublications.org.uk](mailto:online-services@mmpublications.org.uk).

**E. Moutsou and Co. G.P.** will address your request within the legal timeframes, on receipt of this completed form.

### REQUESTOR DETAILS (Please use black ink and BLOCK CAPITALS. Completing all sections marked with an asterisk is mandatory)

Mr.  Mrs.  Ms.  Other Title

\*First Name(s)

\*Last Name(s)

\*Address

\*City/Town

Region

\*Post Code

\*Country

Date of Birth (DD/MM/YYYY)

\*Contact Number

Email

### RELATIONSHIP (Only applicable to individuals)

Please select the type of relationship you have with E. Moutsou and Co. G.P. Multiple selections are possible.

Existing Client

Former Client

Other: | \_\_\_\_\_  
(Please provide further details on your relationship with E. Moutsou and Co. G.P.)

ID Document Type: \_\_\_\_\_  
(e.g., ID Card, Passport, Driving License)

Existing Distributor

Former Distributor

Employee / Ex-Employee

ID Number:

### REQUEST (Only one rights request per form)

Please check the relevant box to indicate the purpose of your request and **provide further details in the fields below.**

Right to access

Right to rectification

Right to be forgotten

Right to object to data processing activities

Right to restriction of processing

Right to data portability

Please provide further details below to allow E. Moutsou and Co. G.P. to complete your request.


### SIGNATURE

\_\_\_\_\_  
Name of the Requestor

\_\_\_\_\_  
Signature of the Requestor

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date (DD/MM/YYYY)

