

ARCOP RIGHTS EXERCISE REQUEST FORM

Code: FCNO-206-00

Version: 1

1. PERSONAL DATA SUBJECT DETAILS

Full Name: _____

Document Type: ☐ DNI ☐ CE ☐ Passport ☐ Other

Document No.: _____

Address: _____

Email: _____ Phone: _____

**Attach a copy of the identity document*

2. REPRESENTATIVE DETAILS (IF APPLICABLE)

Full Name: _____

Document Type: ☐ DNI ☐ CE ☐ Passport ☐ Other

Document No.: _____

Relationship to the Data Subject: _____

Document proving representation: _____

**Attach a copy of the identity document and of the document proving representation.*

3. RIGHT YOU WISH TO EXERCISE

- ☐ Access
- ☐ Rectification
- ☐ Cancellation
- ☐ Opposition
- ☐ Portability

4. DESCRIPTION OF THE REQUEST

Please state clearly and in detail the right you wish to exercise and the personal data involved: _____

5. SUPPLEMENTARY INFORMATION

a. For RECTIFICATION requests

Please indicate the data you wish to correct or update:

Current data: _____

Correct data: _____

**Attach documents supporting the requested rectification.*

b. For CANCELLATION requests

Please indicate the data you request to be deleted or cancelled:

c. For OPPOSITION requests

Please indicate the grounds that justify your request:

d. For PORTABILITY requests

Please indicate the format or medium requested for the delivery of the data:

6. MEANS OF RECEIVING THE RESPONSE

- ☐ Email
- ☐ Home address
- ☐ Personal pick-up
- ☐ Other: _____

7. ATTACHED DOCUMENTS

- ☐ Copy of identity document
- ☐ Document proving representation
- ☐ Supporting documents for rectification
- ☐ Others: _____

8. APPLICANT'S DECLARATION

I declare that the information provided in this request is true and that the attached documents are authentic. I also acknowledge that the organization may require additional information to verify my identity or to assess the admissibility of the request.

By signing this document, you authorize Medifarma S.A. to process your personal data in order to handle your ARCOP rights.

Signature of the Data Subject or Representative:
