**Neomenta Pvt Ltd**

**Data Subject Access Request Form**

This form can be used by the data subject to request access to the personal data held by Neomenta, in accordance with their rights under the General Data Protection Regulation (GDPR). Neomenta will provide the requested data along with details such as the applicable retention period and other relevant information.

The request can be made electronically via email at privacyofficer@neomenta.com. Please complete the form in block letters and mark “X” where applicable. Fields marked with \* are mandatory for processing your request. Neomenta will aim to respond promptly and within the GDPR-prescribed timeframe upon receipt of your complete request.

**Data Subject Information**

**Name\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name, surname)

**Date of Birth\*:** **\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_**

  (Day       Month         Year)

**Address of Correspondence\*:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (City, Postal code)

**Telephone Number(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

With respect to:

   Right to access information               Right to correct

   Right to delete                                   Right to object to automated decision making

   Right to request transfer                     Right to restrict processing

**Description of the request\*:**

Please describe your request. In order to help you even more, we would like to know the reasons for it.

**Description of the data requested**\*:

**To ensure the identity of the Data Subject, we need\*:**

Proof of identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We may ask for additional information to confirm your identity to proceed with your request on the data held by us. We reserve the right to refuse to act on your request if you cannot confirm your identity.

**Declaration:**

I [NAME] confirms that the information provided on this form is correct and that I am the person whose name appears on this form.

I understand that: (1) Neomenta must verify my identity and may need to contact me for additional information; and (2) my request will only be valid once Neomenta has received all the required information necessary to process it.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                          Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_