

REQUEST TO EXERCISE THE RIGHT TO RESTRICT (Article 18 GDPR)	
To Company name: BIOSTATISTICS IKE Postal address: 29 Mavrommaton Street, Athens, 10434 Telephone: 210 8232425 E-mail: info@bio-statistics.eu	
Application No./Date	
SECTION ONE: Applicant's Personal Details	
First	
Last	
Email	
Phone	
SECTION TWO: Are you the data subject?	
<input type="checkbox"/> YES <input type="checkbox"/> NO—I am submitting the request on behalf of and in the name of the data subject.	
<p>A) In case of reasonable doubts about the identity of the data subject, we may request additional information to confirm their identity.</p> <p>B) If you are acting as a representative of the data subject, please attach a copy of their authorization or other relevant document, especially if the request concerns data relating to a minor.</p>	
SECTION THREE: Personal Details of the Data Subject (if the subject is not the applicant)	
First	
Last	
Email	
Phone	
SECTION FOUR: Reasons for Restriction	
<p>Please indicate the specific reasons why you are requesting the restriction of the processing of your data by filling in the relevant fields below:</p> <input type="checkbox"/> you dispute the accuracy of your data and request restriction of processing until it is verified by our Company <input type="checkbox"/> you consider the processing to be unlawful and do not wish your data to be deleted, but rather restricted in its use <input type="checkbox"/> your data is no longer necessary for our processing purposes, but you request its retention for the establishment, exercise, or defense of legal claims <input type="checkbox"/> you object to the processing in accordance with Article 21(1) GDPR and it is pending verification whether the legitimate grounds of our Company override your grounds.	

Please provide reasons:

SECTION FIVE: Description of request—Additional information

Please describe which specific personal data you wish to have restricted and/or provide further information about your request, if available:

If you wish to submit additional documents relating to your request, please attach them to this application.

Select how you would like to receive our response:

<input type="checkbox"/> By email				
<input type="checkbox"/> By mail	Street	Number	City	Post
<input type="checkbox"/> From our offices				

INFORMATION

*You will receive a response to your request **free of charge** without delay, and in any case within one (1) month of our receipt of this Request. However, if your request is complex or there are a large number of requests, we will inform you within one month if we need an extension of another two (2) months within which we will respond to you. If your requests are manifestly unfounded or excessive, in particular because of their repetitive character, our Company may **charge a reasonable fee**.*

The personal data you provide in this Request will be processed by our Company for the purpose of examining your request regarding the protection of your personal data (as required by Regulation 679/2016/EU). Those processing the data on behalf of our Company may have access to it. We do not respond to you using automated decision-making. You have the rights of access, rectification, erasure, restriction, objection to processing, and, if your request is not satisfied, the right to lodge a complaint with the Personal Data Protection Authority (www.dpa.gr) and/or appeal to the competent courts.

Signature

Date

Attached documents 1) Authorization of the data subject or other relevant document, especially when the subject is a minor, for the completion and submission of the application by their representative 2) Additional documents relating to the request for restriction of processing.	