

## Exercise of Rights Form (Pursuant to Regulation EU 679/2016 regarding Personal Data)

| Applicant D    | etails   |                      |                                  |             |
|----------------|--|----------------------|----------------------------------|-------------|
| Last           |  |                      |                                  |             |
| Name:          |  |                      |                                  |             |
| Name:          |  |                      |                                  |             |
| Father's Nan   | ne:  |                      |                                  |             |
| Address:       |  |                      |                                  |             |
| Email:         |  |                      |                                  |             |
| Telephone      | Landline:  | Mobile:              | Fax:                             |             |
|                | the provisions of the G<br>I request – declare:                                  | General Data Prot    | ection Regulation EU 2010        | 6/679, as   |
| ☐ Correct      | ion – change of perso  | nal data             |                                  |             |
|                | •  |                      | personal data concerning m       | yself, and  |
| Please take th | n of personal data<br>ne necessary actions in ord<br>e concerning myself, and in |                      | onal data, which may be reg      | jistered in |
|                |  |                      |                                  |             |
| ☐ Restricti    | on of processing of pe   | ersonal data         |                                  |             |
|                | ne necessary actions to rest   |                      | cessing(s) of my personal dat    | a, and      |
| □ Object:      | on to proceeding of so   | reand data           |                                  |             |
| -              | on to processing of pe   |                      | alala da arang d                 |             |
| ∐ Ple          | ease discontinue the proce   | ssing ot my personal | data, in general.                |             |
|                | ease discontinue any au<br>esponding decisions made d                            |                      | ng of my personal data ocessing. | and the     |



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| ☐ Portability of personal data   |                                      |  |  |  |  |
|--|--------------------------------------|--|--|--|--|
| Please transfer the following personal data:   |                                      |  |  |  |  |
|  |                                      |  |  |  |  |
| to me and/or another data controller named:  | ,                                    |  |  |  |  |
| ☐ Access - Information   |                                      |  |  |  |  |
| Please inform me whether your Company processes personal da<br>the case, please inform me in writing regarding the types of this da<br>the time period for which it is stored, the types of recipients and,<br>data which is processed by your Company.  | ata, the purposes of its processing, |  |  |  |  |
| Important notice:  |                                      |  |  |  |  |
| The Hellenic Data Protection Authority accepts any written complaint regarding personal data: Hellenic Data Protection Authority, 1-3 Kifisias Ave, 11523 Athens   www.dpa.gr  |                                      |  |  |  |  |
| Application Submission Process:  |                                      |  |  |  |  |
| If you wish to exercise your aforementioned rights, you may fill in and send this Application:   |                                      |  |  |  |  |
| <ul> <li>either by registered mail to the offices of GENIKI PANELLADIKI LLP (7 Voulis St., 10562<br/>Athens   T +30 210 3217801, for the attention of the Personal Data Protection Officer),</li> </ul>  |                                      |  |  |  |  |
| or by email at: dpo@genpan.gr.   |                                      |  |  |  |  |
| The submission of the application is free of charge for the undertakes the responsibility to take any possible measures within 30 calendar days from its receipt.  | *                                    |  |  |  |  |
| I, the Applicant, declare – certify that the information provided by me through this application is true and accurate and that I am the subject of this personal data. In order for GENIKI PANELLADIKI to proceed to the identification of my data, I attach a copy of my identity card or passport to this Application, and the Company may contact me as part of their response to my request. |                                      |  |  |  |  |
| Date:  |                                      |  |  |  |  |
| 24.6.  |                                      |  |  |  |  |
|  |                                      |  |  |  |  |
| Signature  | Full Name                            |  |  |  |  |
|  |                                      |  |  |  |  |
|  |                                      |  |  |  |  |
|  |                                      |  |  |  |  |