DATA ACCESS REQUEST FORM
pursuant to Article 15 of EU Regulation 2016/679

Data Controller
Basis Plant Services Srl

Data Subject
The undersigned _____ , tax code no. _____ , identity document no. _____ , with this form and pursuant to art. 15 of EU Regulation 2016/679 (GDPR), requires the Data Controller the access to the own personal data that are subject to processing.

Type of request

The Data Subject, in accordance with the current legislation on the protection of personal data, asks for confirmation that personal data concerning him or her is being processed and, in this case, asks to obtain access to the following information *(select the relevant options)*:

- o the purposes of the processing and the categories of personal data involved in the same;
- o the recipients or categories of recipients to whom the personal data have been or will be disclosed, in particular if recipients are in third countries or they are international organisations;
- o the envisaged period for which the personal data will be stored, or, if not possible, the criteria used to determine that period;
- o where applicable, how to request the rectification or erasure of personal data or the restriction of the processing of personal data concerning Data Subject or to object to such processing;
- o how to lodge a complaint with a Supervisory Authority le modalità per proporre reclamo a un'autorità di controllo;
- o where the data are not collected from the Data Subject, any available information as to their source;
- o the existence of an automated decision-making process, including profiling, and meaningful information about the logic involved, as well as the significance and the envisaged consequences of such processing for the Data Subject;
- o other *(please specfy)*: _____

The Data Subject also requests a copy of the personal data processed, in the following format:

- o hard copy (Data Subject assumes the responsibility of paying the possible fee for the related administrative costs incurred);
- o common electronic format *(specify format)*: _____

Contact data
The undersigned requests to receive feedback on this request at the following address *(address or e-mail address)*: _____
Place and date: _____ , _____ / _____ / _____ Signature: _____

In order to allow the Data Controller to verify the identity of the Data Subject, please attach to this request a copy of a valid identification document.
Send the request to basisplant.privacy@basisgroup.com .