



REQUEST

FOR EXERCISING DATA SUBJECTS RIGHTS

Each of the rights listed below may be exercised—if applicable law provides you such rights and where no exceptions or exemptions apply—by submitting this request at any branch of Slice in person or by proxy, as well as electronically by the order of the Electronic Document and Electronic Certification Services Act (where applicable), by email: privacy@slicelife.com. If exercising your applicable rights by proxy, we have the right to verify your registered agent is authorized to act on your behalf. Please see our Privacy Policy for more information. Please complete in block letters and tick “X” where necessary. Fields marked with * are required for the application to be processed.

In person Proxy

(A copy of the power of attorney shall be enclosed)

Subject’s Data:

Name and Surname*: _____

Category of data subjects*: _____

(Employee, job applicant, customer...)

Address for correspondence*: _____

(Str./bul. No., City, Postal Code)

Telephone:

E-mail:

With regard to:

- Confirmation of processing
- Withdrawal of consent
- Access to personal data
- Rectification or correction of personal data

- Erasure ('right to be forgotten') of personal data
- Restriction of processing
- Data portability
- Objection to the personal data processing
- Opt-out of sale of your personal data
- Opt-out of sharing your personal data for cross-contextual behavioral advertising

Description of the request*:

(Please describe your request. In order to help you even more, we would like the reasons for it, personal data included in the data collection, purpose of the request)

Preferred way for feedback on the request*:

- E-mail _____ (please write down your e-mail contact)
- In writing to the correspondence address
- In writing at Slice's offices (please specify the office)

Other – please describe _____

Certification*:

I declare that the information set forth herein is correct to the best of my knowledge and that I am entitled to make the request identified herein under the laws applicable to me.

Date of submission of the request:

Name, Surname and signature of the applicant

Attached documents to the request:

- Copy of power of attorney if you are submitting on behalf of the data subject
- Other – please describe _____

Please note: We may require additional information from you to allow us to confirm your identity.