

# Request to exercise rights concerning personal information

## Request to :

Name (last name, first name)

Address

Telephone number

## I am

- The person concerned       The attorney of the person concerned  
 Other (please specify)

## Purpose

- Request for access to personal information  
 Request for rectification of personal information  
 Request for removal of personal information  
 Request for cessation of dissemination or de-indexation of personal information

## Access to personal information

I request copies of the following personal information:

## Reasons :

**\*Attach supporting documents** (attach another sheet if needed).

## Rectification of personal information

I request rectification of the following personal information:

## Reasons :

**\*Attach supporting documents** (attach another sheet if needed).

## Removal of personal information

I request removal of the following personal information:

Reasons :

**\*Attach supporting documents** (attach another sheet if needed).

## Cessation of dissemination or de-indexation of personal information

I request cessation of dissemination or de-indexation of the following personal information:

Reasons :

**\*Attach supporting documents** (attach another sheet if needed).

Signature \_\_\_\_\_

Date \_\_\_\_\_