

Data Subject Request Form

MEDILAB ONE Ltd, Aleksandra Hondla 2/11 Street, 10 000 Zagreb, OIB (Croatian PIN): 43021489625

Please accurately and truthfully enter the required information in the designated fields, marking it as necessary. This will enable us to process your request efficiently.

You may send the completed request to our Data Protection Officer at the following email address: zop@medilabOne.com or deliver it to the following address: **Aleksandra Hondla 2/11 Street, 10 000 Zagreb, Croatia.**

Important!

Please be aware that **certain rights can only be exercised if the conditions laid down in the provisions of the General Data Protection Regulation are met.** If you are unsure whether you meet these conditions, we kindly ask you to seek further information before submitting a request to exercise your rights. For support, you can always contact our Data Protection Officer using the contact details provided above.



Information About Your Identity and Date of Submitting the Request

Please enter the required information about your identity and the date of submitting the request

1. Date of submitting the request	
2. Name and last name	
3. OIB (Croatian PIN)	
4. Other information that you consider important for your identification	



Channel of Communication

Please mark the communication channel through which you would like to receive a response to your request and, depending on the selected communication channel, please enter the required information

<input type="checkbox"/> Post	Please enter the address
<input type="checkbox"/> Email	Please enter the Email address
<input type="checkbox"/> Phone / Mobile	Please enter the phone/mobile
<input type="checkbox"/> Other	Please enter the information of another communication channel



Rights You Want to Exercise

Please mark the right(s) you wish to exercise

1.	<input type="checkbox"/>	Right of access to personal data
2.	<input type="checkbox"/>	Right to rectification of incorrect and/or incomplete personal data
3.	<input type="checkbox"/>	Right to erasure of personal data
4.	<input type="checkbox"/>	Right to restriction of processing of personal data
5.	<input type="checkbox"/>	Right to data portability
6.	<input type="checkbox"/>	Right to object to the processing of personal data
7.	<input type="checkbox"/>	Right to consent withdrawal
8.	<input type="checkbox"/>	Other



Description of Your Request

Please describe in detail your request, as well as the personal data and processing of personal data included in your request

Please describe your request