

Request Form to Exercise Personal Data Rights

Please read this form carefully and complete it in full (block capitals) so as not to delay the processing of your request. Please email your completed form and identification to: https://doi.org/10.1007/jhideni392@gmail.com

Our response to your request will be sent to you by email.

Personal D	etails:		
Name:			
Postal Address (inc. postcode):			
(for applications made by post, you must provide a bank statement or utility bill which matches this address)			
Email addr	ress:		
Date of birth:			
I would lik		ing right (please circle, the same shall apply hereafter):	
Yes:	Access to my persona	Access to my personal data	
Yes:	Rectification of perso	Rectification of personal data	
Please indi	icate which information	you would like to have corrected	
Yes:	Erasure of my person	ıal data	
	With regards to clients, most information is stored for the duration of the contractual relationship		
	and for ten years after the end of the contractual relationship.		
	With regards to prospects, information is kept for three years from when it is collected or from our		
	last contact with yo		

Yes:	Restriction or objection to processing of my personal data		
	In order for us to study your request, please give the reasons for this request		
Yes:	Objection to processing of my personal data for sales purposes by Teshionne		
Yes:	Letter		
Yes:	Telephone		
Yes:	SMS		
Yes:	Email		
Yes:	Portability of my personal data		
	If you would like a response by email, please provide your email address		
	orting documents Please enclose a photocopy of the following document(s) with your requests: Proof of identity (mandatory)		
Yes:	If you provide a copy of a national identity card, please include both the front and back.		
	Other supporting documents (optional)		
Yes:	You can also provide additional documents in support of your request.		
Receiving month)	a response (You will receive a response as soon as possible—your request will be dealt with within a By post		
Yes:	By email to following address: hidemi392@gmail.com		
You can e	xercise the rights listed above by sending a letter to the following address: c/o Teshio town office Local Vitalization Cooperator Group Shineidori-8 Teshio Teshio-gun, Hokkaido Zip 0983398		
	data collected on this form is processed by Teshionne, which is responsible for processing the information of deal with your request to exercise a right in accordance with our legal and statutory requirements.		
Place:	Date:		
Signature	:		