



APPLICATION FORM FOR THE DATA SUBJECT

If you wish to exercise any rights to which you are entitled in connection with the processing of your personal data, please fill in this application form. We will try to process your request as soon as possible, however, in any case not later than within one month from the date of receiving the application form.

The information which you provide to us through the present application form will only be used for the purpose of processing of your request. You can submit your request also in another way than through this application form, nevertheless by filling in this form you will accelerate the processing of your request.

PART A: Applicant's data

First name(s) and surname:	
Place of residence:	
Telephone:	
E-mail:	

PART B: Are you a data subject?

Please check the corresponding box and continue according to the instruction stated in brackets:

- YES, I am a data subject.
I am signing the application form in a manner enabling verification of my identity¹
(Please continue with Part D)
- NO, I am acting for a data subject as their attorney.
I attach to the application form (i) Power of Attorney granted by the data subject²
and (ii) at the same time I am signing the same in the way enabling verification of my
identity¹.
(Please continue with Part C)

¹ In order to make sure that we are acting with the authorised person, we must verify your identity. That is why we ask you to arrive for this purpose either personally with any official identity document containing your first name(s), surname and address of your place of residence (identity card, driving licence, passport, etc.) or to prove your identity in another way (by official authentication of your signature on the application form, through an electronic guaranteed signature, by logging in our information system by using your username and password). If the applicant's identity is not proven sufficiently, we reserve the right to reject the request.

² Please attach the written authorisation issued by the data subject in its original form or in a scanned form (if the request is filed electronically) with the officially certified signature of the data subject.

PART C: Data concerning the data subject (if different from the data stated in Part A)

First name(s) and surname:	
Place of residence:	
Telephone:	
E-mail:	

PART D: Request

Please check the corresponding box according to what you require in connection with the processing of personal data.

Requirement type	Check as appropriate	Detailed clarification of the requirement
Provision of the information whether we process your personal data or not	<input type="checkbox"/>	
Provision of the information on conditions of processing of your personal data	<input type="checkbox"/>	
Provision of a list of your personal data which we process	<input type="checkbox"/>	
Correction of your personal data (please specify what data)	<input type="checkbox"/>	
Erasure of your personal data (please specify what data)	<input type="checkbox"/>	
Limitation of processing of your personal data (please specify what data and for what reason) ³	<input type="checkbox"/>	
Transfer of the personal data (please specify what data and to whom they should be provided)	<input type="checkbox"/>	
Raising an objection against personal data processing (please specify against what processing you are raising your objection)	<input type="checkbox"/>	
Withdrawal of the consent (please specify the consent, for what purpose it is to be withdrawn)	<input type="checkbox"/>	

³ If you are asking for correction or if you are raising an objection against personal data protection, the concerned personal data will be limited automatically (you need not ask for it separately).

PART E: Information concerning the processing of the application

I ask you to send me the information concerning the processing of the application or other communication in the matter of the application form submitted (choose one of the options):

- Electronically to the e-mail address:
- By post to the address:

PART F: Declaration

I declare that I have fully understood the information stated herein and that the data provided in this application form are true. I am aware of the fact that my personal data stated in this application are necessary for the processing of the application.

In on.....

Applicant's signature

Please send the application form filled in to the ACS Customer Centre (address: Zákaznické centrum ACS, Tř. Milady Horákové 1066/98, 170 00 Praha 7, Czech Republic)

or electronically to the e-mail address: ochrana-soukromi@sparta.cz