

REQUEST FOR DATA PORTABILITY

DATA OF THE CONTROLLER RESPONSIBLE FOR THE FILE

Address of the Office / Service that the request to exercise the right to portability of personal data is being made to:

Company name: Equipo Médico Crespo S L U

Tax Identification Number: B98691074

Headquarters: Avda. General Avilés, N.º 90 bajo 46015 Valencia

Delegation: Calle Llandells, 2-4 Bajo 12598 Peñíscola Castellón

Telephone number: 961042557 Headquarters / 964489132 Peñíscola office

Email: lop@juanacrespo.es

Contact our Data Protection Officer (DPO): dpo@juanacrespo.es

DATA OF THE DATA SUBJECT OR LEGAL REPRESENTATIVE

I, Mr / Mrs, of legal age, resident at C/Plaza.....n.º.....,

Town.....Province..... Postcode..... with national identification number....., a copy of which is provided, by means of this document, exercise the right to portability of personal data, in accordance with that which is established in Article 20 of the EU Regulations 2016/679, related to the protection of physical persons in terms of personal data and the free circulation of this data, and as a consequence,

(This can also be exercised via a legal representative. In this case, in addition to the national identification document of the data subject, a copy of the third party representative and an authentic accrediting document must be provided.)

REQUEST,

To receive my personal data in a structured, commonly-used and machine-readable format and to transmit it to a new controller _____

The legal basis for the processing of my personal data was:

(Choose the one which is relevant)

1. Consent or
2. The execution of a contract of pre-contract

All by automated methods.

If my right to portability of my data is not processed within the time frame established by regulations, this will be communicated to me so that I may, where necessary, request protection from the competent supervisory authority .

In _____ on the ___ of _____, _____

Signed