Pagina 1 di 3



Dear **SOWRE SA** Corso San Gottardo 54/A 6830-TI Chiasso (Switzerland)

Email: privacy@sowre.com

FORM FOR THE EXERCISE OF RIGHTS ON THE PROTECTION OF PERSONAL DATA (Articles 15-22 of Regulation (EU) 2016/679)

The undersigned (Surname and Name)		_
Address	City ())
Tax code	Telephone	_
Email		
Identification document:		
Type of document (identity card/passport/o	driving license):	
	Expiry date	_,
□ on one's own behalf		
□ on behalf of the person represented or le	gally assisted:	
Surname and Name		
Address	City ())
	Telephone	
Email		
Identification document:		
Type of document (identity card/passport/o	driving license):	
Document number	Expiry date	 _,
□ in the exercise of parental responsibility;		
□ as	(guardian/curator/support administrator), pursuant	to the
decision of the Guardian of the Court of		
Case number	;	
□ in the exercise of the following capacity the	hat involves the representation or legal assistance of	
the person on whose behalf the action is to	aken (indicate the capacity of the person acting and the	powers
derived from it)		•
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		-
		-

REQUESTS

with this form to exercise the following rights under Articles 15-22 of Regulation (EU) 2016/679:

Sowre sa

Pagina 2 di 3

1. Access to personal data

(Article 15 of Regulation (EU) 2016/679)

The undersigned (please tick only the relevant boxes):
□ requests confirmation as to whether or not personal data concerning him/her or the person he/sh
represents or legally assists is being processed;
$\hfill\Box$ if confirmation is given, requests access to such data, a copy of it, and the information provided for i
Article 15(1) of Regulation (EU) 2016/679, which he/she does not already possess, and in particular;
□ the purposes of the processing;
□ the categories of personal data processed;
$\hfill\Box$ the recipients or categories of recipients to whom the personal data have been or will be disclosed, i
particular recipients in third countries or international organisations;
□ the envisaged period for which the personal data will be stored, or, if not possible, the criteria used to determine that period;
☐ the source of the data (i.e. the subject or specific source from which they were acquired);
□ the existence of automated decision-making, including profiling, and meaningful information about the
logic involved, as well as the significance and envisaged consequences of such processing for the dat subject.
2. Rectification or erasure of personal data or restriction of processing
(Articles 16-18 of Regulation (EU) 2016/679)
The undersigned requests to perform the following operations (only tick the relevant boxes):
□ rectification and/or updating of data (Art. 16 of Regulation (EU) 2016/679);
□ erasure of data (Art. 17, para. 1, of Regulation (EU) 2016/679), for the following reasons (among thos
allowed, i.e., unlawful processing or opposition to processing for the performance of a task carried out i
the public interest or in the exercise of official authority):
□ restriction of processing (Article 18 of Regulation (EU) 2016/679;
□ Incorrectness of personal data;
□ Illegality of processing;
□ Necessity of data for the assessment, exercise or defense of a right in court;
□ Opposition to data processing pursuant to Article 21(1) of Regulation (EU) 2016/679.
This request concerns (indicate personal data, data categories or processing to which it refers):

Under Article 19 of Regulation (EU) 2016/679, please provide the recipients to whom personal data has been transmitted.

Sowre sa

Pagina 3 di 3

3. 3. Data portability

(Article 20 of Regulation (EU) 2016/679)

With reference to the personal of the relevant boxes):	ata provided to the data controller, the undersigned requests to (tick only
•	ed, commonly used, and machine-readable format;
	the following different data controller (specify the identifying and contact
details of the controller.	
This request concerns (indicate t	he personal data, categories of data, or processing to which it refers):
4. 4. Objection to processing (Article 21 of Regulation (EU) 202	(<i>6/</i> 670)
(Article 21 of Regulation (EO) 201	.0/073/
	rocessing of their personal data carried out (tick only the relevant boxes): arried out in the public interest or in the exercise of official authority vested
•	g reasons relating to their particular situation (specify):
Any clarifications	
The undersigned also provides the attached documents):	ne following clarifications (provide any useful explanations or indicate any
Contact details for the response	
Postal address:	
Street/Square:	
Postal code	City: ()
or	
Email/Email PEC	
Place and date	Signature of the requester

If the request is submitted electronically, attach a copy of a valid identification document of the requester.