

EXERCISE OF RIGHT TO ERASURE

Mr./Ms., of legal age, residing at
C/..... Number,
Town....., Province, C.P. (postcode)
....., holder of ID Card (D.N.I.) No., a copy of which is attached to this
form, hereby state my intention to exercise the right to erasure, pursuant to Article 17 of
Regulation (EU) 2016/679, of 27 April, on the protection of natural persons with regard to the
processing of personal data, and to that end,

I REQUEST.-

That the personal data detailed below be rectified and replaced by the data indicated in each
case:

.....
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.....
.....

In, on