

DATA SUBJECT ACCESS REQUEST (DSAR)	PAGE	CODE
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REFERENCE No*: _____

DATE OF RECEIPT OF APPLICATION _____

*To be completed by Vianex Group

You have the right to request access to, correction of, deletion of, limitation of processing of, portability of, objection to the processing of personal data about we may keep in our records. This is known as the right of a data subject to request access to, correction of, deletion of, limitation of processing of, portability of, objection to the processing of personal data (DSAR).

The data subject is a person who is the subject of personal data.

If you would like to make a DSAR, please complete this form and send it to us by post or email.

If you use the post, please send to the following address:

VIANEX SA

8 Varibobi str., 14671 N. Erythraia, Kifisia, Greece

If you use [email](mailto:dpo@vianex.gr), please use the following address:

dpo@vianex.gr. Please write 'DSAR' in the subject line.

1. Data subject's full name:	2. Data subject's date of birth:/...../.....
3. Data subject's address: No : Region: City:Postcode:.....	
4. DATA SUBJECT'S TELEPHONE NUMBERS: Home number Mobile number:	
5. WHAT IS THIS REQUEST ABOUT? Access <input type="checkbox"/> Correction <input type="checkbox"/> Deletion <input type="checkbox"/> Limitation of processing <input type="checkbox"/> Portability <input type="checkbox"/> Objection to processing <input type="checkbox"/>	

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.....-22/05.2025

DPO contact details:

<http://www.vianex.gr>

e-mail: dpo@vianex.gr

<http://www.vian.gr>

Note: The exercise of citizens' rights is safe and free of charge.

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**6. DETAILS
OF THE DATA:**

7. To help us identify the information in question, please describe the data referred to in your request in as much detail as possible (e.g. copies of emails dated between <date> and <date>.
If we do not receive adequate information to identify the data related to your current request, we might not be able to process your request.

8. Should our reply be sent to the data subject or their representative?

To the data subject ☐ To the representative ☐

If the information should be sent to a representative, please fill in paragraphs 10 and 11

9. I confirm that I am the Data Subject:

Signature:

Full name:

Date: / /

I enclose/attach a copy of my ID and proof of address.

10. (To be completed if the answer to question 8 is 'to the representative')

The Data Subject (whose data is being requested) must provide a written authorisation allowing us to make the data available to their authorised representative.

I hereby authorise

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_____ (specify the name of the authorised representative)
to request access to my personal data.

Signature of Data Subject:

.....

Full name:

.....

11. (To be completed by the representative of the data subject)

I declare that I am the authorised representative of the data subject.

Name of the authorised representative and address to which the personal data will be sent:

Signature: _____

Full name:

Date:

We make every effort to process your request for access to your data as fast as possible within 30 calendar days.

However, if you have any questions while your request is pending, do not hesitate to contact us at this email address: dpo@vianex.gr

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