

FORM FOR THE EXERCISE OF THE RIGHT TO RECTIFICATION

Articles 16 and 19 of the General Data Protection Regulation (EU) 2016/679

Applicant's details

Name and surname

ID number (a copy must be attached where applicable)

Address (avenue/street/square...)

Town/City

Postcode

Details of the data controller

MP PORT DE ROSES, SA (PORT ROSES)

Avinguda de Rhode, s/n - Port Esportiu - Edifici Direcció - 17480 Roses, Girona.

Contact email: portroses@portroses.com

Subject: Request for rectification of personal data

In accordance with Articles 16 and 19 of Regulation (EU) 2016/679,

I REQUEST

That inaccurate data be rectified and/or incomplete data be completed, in accordance with the purposes of the processing, concerning my person and subject to processing, as detailed below, together with the supporting documentation attached:

- Incorrect / incomplete data:
- Correct / complete data:
- Document proving that the data is incorrect:

That any rectification carried out in accordance with Article 16 be communicated to each recipient to whom the personal data have been disclosed, unless this proves impossible or involves a disproportionate effort.

That this request be resolved and notified within one month of its receipt, and that I be informed of the requested information or, where applicable, of the reasons why access is not considered appropriate.

That, in any case, I may lodge a complaint with the Spanish Data Protection Agency at aepd.es.

(Place, date)

(Applicant's signature)