

RIGHT OF OPPOSITION REQUEST FORM

To exercise your right of Opposition, please complete this form and email it to dataprivacy@mmgtrust.com.

Data Owner Information:

Names: _____ Surnames: _____

Identity No.: _____ Document Type: _____

If you make this request on behalf of the data owner, please complete the following information about yourself:

Names: _____ Surnames: _____

Identity No.: _____ Document Type: _____

Relationship with the Data Owner: Legal Representative Guardian (father, mother, legal guardian and upbringing)

Documents provided:

- Identity Document of the Data Owner (mandatory)
- Identity Document of the Legal Representative or Guardian (if applicable)
- Notarized Power of Attorney Letter (if applicable)

Contact Details:

Please tell us how we can contact you to send the response to your request and consult in case of doubts:

Email: _____

Phone: _____ Cell phone: _____

Other: _____

Remarks: _____

Relationship of the Data Owner:

In order to provide you with a quicker response, please indicate the relationship(s) you have or have had with the organization:

Client/User Collaborator Supplier Donor Other _____

Person(s) in the Organization with whom you have had contact: _____



Legal basis:

Law 81 of 2019 on Personal Data Protection.

Art. 15 numeral 4: Right of Opposition: allows the data owner, for well-founded and legitimate reasons related to a particular situation, to refuse to provide their personal data or to be subject to certain treatment, as well as to revoke their consent.

Details about your application:

Reason:

Please detail below the context of your Opposition request:

Supporting documentation provided: _____

Data Owner

Legal Representative / Guardian

Signature _____

Date _____

For internal use of MMG Trust:

Date and time of reception of the request: _____ Received by: _____

Application number: _____

Date and time of sending a response: _____ Sent by: _____