

FORM FOR THE EXERCISE OF RIGHTS RELATED TO ITS PERSONAL INFORMATION

REQUIREMENTS.

1. Complete the form.
2. Sign it once printed or you can sign it digitally too.
3. Include a copy of your ID or alternative document that proves your identity. If you act on behalf of a third party, must include copies of the ID of the representative and document accrediting the representation of the interested party.
4. Send the form and document proving your identity: By email:
kimandre@intrahouse.com
Or by mail: Kirkegata 1a, N-6004 Ålesund Norway

PERSONAL DATA

DATA OF THE INTERESTED PARTY OR HIS REPRESENTATIVE.

Mr/Ms.....with ID document
acting on my name or in representation of with ID document
.....
Address

Telephone..... Email.....

RIGHTS YOU WANT TO PRACTICE.

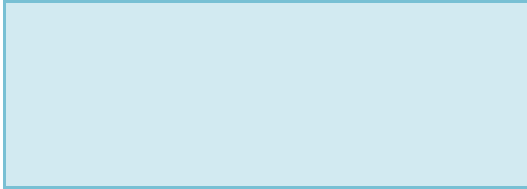
- Right of access
- Right of rectification
- Right of opposition
- Right of suppression.
- Right of treatment limitation.
- Right of portability
- Withdraw Consent.

REQUEST. (Please, detail briefly the reason for your claim)

By completing and sending this form, you consent to the data that you voluntarily provide through it being used to respond to your request and accept the Data Privacy Polity of intra.work.

DATE

SIGN



intra.work WILL RESPOND TO YOUR REQUEST AS SOON AS POSSIBLE IN THIS SAME DOCUMENT ACCORDING TO WHAT IS IN THE LAW.

ANSWER

