

Fill in this application form if you want to exercise privacy rights and want to know whether Teen Vitality processes the personal data, and if this is the case, which rights you want to exercise with regard to the personal data.

ALWAYS FILL IN THIS FORM AS COMPLETELY AS POSSIBLE

INFORMATION DATA SUBJECT:	
Date of request:	
Submitters name:	
Street name and house number:	
Postal code and city	
E-mail address:	
Telephone number:	

Please indicate below if you are also the data subject:

- Yes No. Wants to exercise the privacy rights for:

Please indicate below what the relationship is to Teen Vitality:

- Customer Parent / guardian of:
 Other:

Please indicate below which right of data subjects you wish to use:

<input type="checkbox"/> I wish to obtain my personal data (right of access and data portability) What information do you wish to obtain? <input type="checkbox"/> All personal data that Teen Vitality has about you <input type="checkbox"/> Personal Data that Teen Vitality has specifically for:.....
<input type="checkbox"/> I would like my data to be changed (right of rectification/ correction) Please indicate which personal data are incorrect or incomplete: What are the correct personal data that we may use in the future:
<input type="checkbox"/> I wish my data to be deleted (right of data erasure) Please indicate below which data you wish to have removed:
<input type="checkbox"/> I wish that the processing of my data is temporarily stopped (right of restriction) Please indicate below for what reason the processing of your personal data should be stopped:
<input type="checkbox"/> I wish to object further processing of my data (right to object) Please indicate below why you to object further processing of your personal data:

Within one month of receiving the request, you will receive information about the follow-up.

FURTHER INFORMATION/EXPLANATION:

Please provide below any further relevant information or explanation you deem necessary to enable Teen Vitality to process the request:

.....
.....

You can mail this form to the kirstyjohunter@gmail.com of Teen Vitality.

Teen Vitality is obliged to establish the identity in order to prevent the correct personal data from being provided, changed or deleted. That is why we ask you to send a copy of a valid proof of identity (Citizen Service Number (BSN) and photo unrecognizable).

Signature: _____ Place/date: _____

FOR INTERNAL PURPOSES:	
Date received by Teen Vitality:	
Date of response to the submitter:	
Date of completing the request:	