

RIGHT OF ACCESS

EXERCISING THE RIGHT OF ACCESS

DETAILS OF THE INTERESTED PARTY

Mr/Mrs/Ms _____, of legal age, residing in C/ _____, n°. _____, Post Code _____, Town/City _____, Province _____, Self-Governing Community _____, e-mail _____, bearing National Identification Document _____, **a copy of which is attached.**

REPRESENTATIVE'S DETAILS (if applicable)

Mr/Mrs/Ms _____, of legal age, residing in C/ _____, n°. _____, Post Code _____, Town/City _____, Province _____, Self-Governing Community _____, e-mail _____, bearing National Identification Document _____, **a copy of which is attached.**

DETAILS OF THE ENTITY RESPONSIBLE FOR DATA PROCESSING

Name / Trading Name: Centro Nacional de Investigaciones Oncológicas Carlos III (F.S.P.), with registered address in C/ Melchor Fernández Almagro, 3 (28029), Madrid. Fiscal/ID Number: G81972242.

Pursuant to the provisions set out under article 15 of EU Regulation 2016/679, I **HEREBY REQUEST** that the ENTITY RESPONSIBLE FOR DATA PROCESSING notifies me as to whether it is processing my personal data or not, and if it is, I request that it provides me with one (1¹) copy of my personal details that are being processed², in turn notifying me of the information set out under section 1 of article 15 of EU Regulation 2016/679³.

¹ Requesting one (1) copy will be totally free of charge for you. However, if you wish to have more than one copy, please bear in mind that you may be charged a reasonable fee for the administrative costs incurred.

² If you wish to access just one part of your personal data that are being processed, and not all of them, please note this under the "Observations" section, specifying which specific data you wish to access.

³ Should this request be deemed to be unfounded or excessive, your right of access may be denied.

For the purposes of receiving a copy of my personal details that are being processed, I hereby request that said copy be _____ (collected in person / sent by electronic means).

Observations:

In _____, on _____.

Signed. _____

Mr/Mrs/Ms _____ (interested party/representative)

IMPORTANT (ATTACH TO APPLICATION):

- If you are the interested party, you must attach a copy of your National Identification Document.
- If you are the Representative, you must attach a copy of the interested party's National Identification Document, as well as a copy of your own National Identification Document, and an authentic document accrediting you as the interested party's representative.

BASIC INFORMATION ABOUT DATA PROTECTION

Pursuant to the provisions of EU Regulation 2016/679 regarding the protection of personal data (GDPR), you are hereby informed that any personal information you provide us will be duly recorded and incorporated into the data processing systems managed by the Centro Nacional de Investigaciones Oncológicas Carlos III (F.S.P) in order to process your request. For this reason, if you do not agree to the processing described, we cannot process your request. Furthermore, please note that your personal information will not be passed onto anyone else except when you authorise us to do so or when required by law, and it will also not be used for any other purpose than the one indicated here. You may exercise your rights of access, rectification, erasure, limitation of specific processing, portability, automated

decisions and opposition to the processing described by writing to the following address: Melchor Fernández Almagro, 3 (28029), Madrid. If you require further information about the processing of your personal data, go to the following link on our webpage: <https://www.cnio.es/es/privacidad/index.asp>