

RIGHT TO RECTIFICATION

EXERCISING THE RIGHT TO RECTIFICATION

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 16 of EU Regulation 2016/679, **I HEREBY REQUEST** that the ENTITY RESPONSIBLE FOR DATA PROCESSING effectively rectifies my inaccurate and/or incomplete personal data that are subject to processing¹. I hereby notify you that the inaccurate and/or incomplete data that require rectification are set out in the Appendix Sheet to this request, attaching any document that accredits the inaccuracy or incomplete nature of my data².

¹ If this request is deemed to be unfounded or excessive, please bear in mind that your right to rectification may be denied, and you may be charged a reasonable fee for the administrative costs incurred.

² If providing supporting documentation, please attach it to this request in a legible and comprehensible format, so that your request can be processed properly.

Should my request to rectify my personal data be approved/rejected, please notify me of this decision. I would like to be notified of this decision _____ (choose between: by post, by e-mail, or in person at the Centre).

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 with 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>

APPENDIX SHEET

| INACCURATE/INCOMPLETE DATA | ACCURATE/COMPLETE DATA |
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