

**RIGHT TO ERASURE  
EXERCISING THE RIGHT TO ERASURE**

**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 17 of EU Regulation 2016/679, I **HEREBY REQUEST** that the ENTITY RESPONSIBLE FOR DATA PROCESSING erases my personal data that are subject to processing.<sup>1</sup>

In the event that the request to erase my personal data is approved/rejected, I wish to be notified of this decision \_\_\_\_\_ (choose between: by post, by email, or in person at the Centre).

Information for the interested party:

The request to erase personal details must be carried out in accordance with current legislation. In this regard, please note that any personal data that, in accordance with legislation, must be conserved, may not be erased.

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

In \_\_\_\_\_, on \_\_\_\_\_.

Signed. \_\_\_\_\_

Mr/Mrs/Ms \_\_\_\_\_ (interested party/representative)

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**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>