

REQUEST FORM FOR DATA SUBJECTS

(Articles 15 to 23 GDPR)

YOUR INFORMATION

| |
|------------------------|
| Full name |
| Contact details |
| Email: |
| Phone number: |

SUBJECT MATTER OF YOUR REQUEST

Please indicate one or more of the following that pertain to your request:

| | |
|--------------------------|------------------------------------------------------|
| <input type="checkbox"/> | <i>Access to your Personal Data</i> |
| <input type="checkbox"/> | <i>Rectification of your Personal Data</i> |
| <input type="checkbox"/> | <i>Erasure of your Personal Data</i> |
| <input type="checkbox"/> | <i>Restriction of Processing of your Personal</i> |
| <input type="checkbox"/> | <i>Objection to Processing of your Personal Data</i> |
| <input type="checkbox"/> | <i>Portability of your Personal Data</i> |
| <input type="checkbox"/> | <i>Withdraw consent</i> |

REASONS FOR YOUR REQUEST

ACCESS TO YOUR PERSONAL DATA

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| <p><i>Please describe which information you would like to obtain in relation to our processing of your Personal Data. Please indicate if you want a copy of your Personal Data that are undergoing processing.</i></p> |
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RECTIFICATION OF YOUR PERSONAL DATA

Please indicate any personal data concerning you that are inaccurate or incomplete, and provide us with the necessary information to rectify or complete your data

ERASURE OF YOUR PERSONAL DATA

Please indicate the reasons for your request to have your personal data erased.

RESTRICTION OF PROCESSING

Please indicate the reasons for your request to have the processing of your personal data restricted.

OBJECTION TO PROCESSING

Please indicate the reasons relating to your particular situation for objecting to our processing of your personal data.

PORTABILITY OF YOUR PERSONAL DATA

Please indicate the data that you want to receive in a structured, commonly-used, and machine-readable format and to whom you want us to transmit these data.

Name:
Date:

Once you have completed this form, please submit it by email to: Koenraad.vanderelst@nikon.com