

LAMBDA THERAPEUTIC RESERCH LIMITED
REQUEST FORM - GDPR DATA SUBJECTS RIGHTS

1. Introduction

Please complete this form in order to raise a request for exercising your Rights under General Data Protection Regulation of European Union.

We will endeavor to respond promptly and in any event within one month of the receipt of a valid request. However, the period may be extended by two months where necessary, considering the complexity and number of the requests. In such case we will inform you of any such extension within one month of receipt of this request. You are also entitled to data subject rights like right to rectification, erasure of personal data, restriction of processing of personal data concerning the data subject or to object to such processing (if applicable).

2. Date of request

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3. Intended date of response

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4. Details of data subject requesting information

Full name	
Address	
Contact Telephone Number	
Email Address	

5. Are you the data subject?

I am the data subject. My identity documents is enclosed herewith.	
I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity	

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6. What Information are you seeking: <Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require, information to be erased, rectified,restricted>

Terms & Conditions

Please note that if the information you request reveals details directly or indirectly about another person, we will have to seek the consent of that person before we can share that information. In certain circumstances, where disclosure would adversely affect the rights and freedoms of others, we may not be able to disclose the information to you, in which case you will be informed promptly and given full reasons for that decision. In such cases you are entitled to lodge a complaint to supervisory authority and seek judicial remedy While in most cases we will provide you with copies of the information you request free of cost, we nevertheless reserve the right to charge a fee or refuse the request if it is considered to be “manifestly unfounded or excessive”.

7. Declaration

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application is true. I understand that it is necessary for Lambda Therapeutic Research Limited to confirm my / the data subject’s identity and it may be necessary to obtain more detailed information in order to validate your identity and locate the correct personal data.

Signature

Date

8. Attachment List:

1. <Proof of Identity of Data Subject>
 2. <Proof of identity of applicant> (if applicable)
 3. <Authorization from data subject to act on their behalf> (if applicable)

NA: Not Applicable

Thank you for filling in the form, please send it to: dpo@lambda-cro.com