**DETAILS OF THE PARTY RESPONSIBLE FOR DATA PROCESSING**

Party Responsible for Data Processing: **FUNDACIÓ INSTITUT GUTTMANN**

Address of the Office providing Access: Camí de Can Ruti, s/n – 08916-Badalona

**DETAILS OF THE APPLICANT**

Mr./ Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of legal age, with address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ street no. \_\_\_\_\_\_, town/city \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, postcode \_\_\_\_\_\_\_\_, with ID number \_\_\_\_\_\_\_\_\_\_\_\_\_, of which a photocopy is attached, by means of this document, expresses his/her wish to exercise his/her right to portability, in accordance with article 15 of the GDPR.

**DETAILS OF LEGAL[[1]](#footnote-1) 🞎 / VOLUNTARY REPRESENTATIVE**[[2]](#footnote-2) **🞎**

Mr./ Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of legal age, with address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ street no. \_\_\_\_\_\_, town/city \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, postcode \_\_\_\_\_\_\_\_, with ID number \_\_\_\_\_\_\_\_\_\_\_\_\_, of which a photocopy is attached, by means of this document, in the name and on behalf of the aforementioned individual, as proven by the relevant documentation.

**REQUESTS**

1. The portability of his/her data. The details of the new party responsible for data processing are:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID number (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of the Office providing Access: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Within a period of one month of receiving this request, this portability must be made effective, therefore I request that you provide me with my data in a structured format or, if applicable, communicate with me once the communication has been made to the new party responsible for data processing, or otherwise indicate to me the reason why the responsible person or entity considers that it is not appropriate.

**DATA PROTECTION**

In compliance with the provisions of the RGPD, you are informed that the purpose of the processing to which the personal data included in this form will be used will be that of administration and to proceed

with your request, and will only be processed by the administrative services of our entity and related internal services that may be involved based on the request.

The data provided, especially in the present request, will be stored taking into consideration the statute of limitations of very serious infringements characterised in the data protection regulations and subject to maximum guarantees.

You are responsible for the accuracy of the data you give us, and for correcting it, and you have the right to exercise the rights of access, to rectification, to erasure, to restriction of processing and to portability of your data and the right to object, in accordance with the provisions of the relevant data protection regulations. To exercise them, you must contact the FUNDACIÓ INSTITUT GUTTMANN, by email at the address <mailto:protecciodades@guttmann.com> or by post to Camí de Can Ruti, s/n, Badalona (08916), enclosing a photocopy of your ID document or equivalent proof of identity.

Likewise, you are informed of your right to withdraw the consent given by signing this document at any time, without this affecting the request for data processing made prior to its withdrawal. If you do not agree with the data processing performed by the Entity or consider your rights to have been infringed, you may file a claim with the corresponding data protection agency at any time.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018

Signature

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the event that the interested party is disabled / a minor. Judicial order or civil registry certificate (for disabilities) or family record book or civil registry certificate (for minors). [↑](#footnote-ref-1)
2. Power of attorney or authorisation signed by the representative along with the copy of his/her ID documentation. [↑](#footnote-ref-2)