



APPLICATION FORM FOR EXERCISING THE RIGHT TO ERASURE

COMPANY: REAL CLUB DE GOLF LAS BRISAS
ADDRESS: Apdo de Correos nº 147,
29660 Nueva Andalucía
Marbella- Málaga
EMAIL: dpd@realclubdegolfasbrisas.com

APPLICANT'S OR LEGAL REPRESENTATIVE'S DETAILS

I, Mr. /Ms., with National Identity Card [DNI] No.,
being above the age of consent, with address at C/Plaza No.,
City/Town, Province Post Code

For and on my own behalf or On behalf of:

Mr. /Ms., with National Identity Card [DNI] No., with
address at C/Plaza No., City/Town
Province Post Code

Do hereby exercise my right to erasure, in accordance with the provisions of Article 17 of Regulation (EU) 2016/679 of the European Parliament and of the Council, of 27th April 2016, concerning the protection of individuals insofar as concerns the processing of their personal data and the free movement of such data (GDPR), and do hereby

REQUEST,

That THE COMPANY proceed to erase any personal data concerning me (or my client) for the following reasons:

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.....

Or, where the person responsible for managing the file is unable to erase such data permanently because the terms legally established under the current regulations applicable to THE COMPANY'S activities have not yet elapsed, that any personal data concerning me (or my client) be blocked.

That, regardless of whether this application to exercise the right to erasure is accepted or refused, THE COMPANY proceed to send me its decision in writing, within a period of one month, by:

Post, to the address

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Email, to the address

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That, if the data erased has been previously circulated or disclosed, the person responsible for managing the file should notify the erasure to whomsoever it may have circulated the data to, in accordance with the provisions of Article 19 of the GDPR.

Please make sure that this form has been filled in correctly and is submitted together with a photocopy of your DNI or an equivalent document considered valid by Law, accrediting the applicant's identity. Where a legal representative is acting on your behalf, the representative must provide their DNI and a document authorising them to act on behalf of the applicant. This form may be sent by post or email to the addresses indicated at the beginning of this document.

....., on..... 20.....

Signed:

Mr. /Ms.