

## Data Subjects Rights Request Form

**Please return this form:**

- via **post** to **Vector M & S Publishing Ltd.** headquarters (Deligiorgi 56, Alimos Greece, 17456) or
- via **email** to [privacy@vectormsint.com](mailto:privacy@vectormsint.com).

**Vector Maths & Science** will address your request within the legal timeframes, on receipt of this completed form.

**REQUESTOR DETAILS (Please use black ink and BLOCK CAPITALS. Completing all sections marked with an asterisk is mandatory)**

Mr.  Mrs.  Ms.  Other Title

\*Last Name(s)

\*First Name(s)

\*Address

\*City/Town

Region

\*Post Code

\*Country

Date of Birth (DD/MM/YYYY)

\*Contact Number

Email

**RELATIONSHIP (Only applicable to individuals)**

Please select the type of relationship you have with Vector Maths & Science. Multiple selections are possible.

Existing Client

Existing Distributor

Former Client

Former Distributor

Other: | \_\_\_\_\_  
(Please provide further details on your relationship with Vector Maths and Science e.g. prospect, vendor, etc.)

Employee / Ex-Employee

ID Document Type: | \_\_\_\_\_  
(e.g. ID Card, Passport, Driving License)

ID Number:

**REQUEST (Only one rights request per form)**

Please check the relevant box to indicate the purpose of your request and **provide further details in the fields below**.

Right to access

Right to object to data processing activities

Right to rectification

Right to restriction of processing

Right to be forgotten

Right to data portability

Please provide further details below to allow Vector Maths & Science to complete your request.

**SIGNATURE**

\_\_\_\_\_  
Name of the Requestor

\_\_\_\_\_  
Signature of the Requestor

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (DD/MM/YYYY)

