

Data Subject Request Form



Please read the information section before completing the form and submitting your request.

Data Subject Details

Full name:

Date of Birth:

Address:

[Street]

[Number]

[Town]

[Area]

[Post Code]

Telephone number:

Email:

Data Subject Proof of Identity *(mark with an X)*

Personal ID

Passport

Residence Permit

Other

Address Verification Documents *(mark with an X)*

Utilities Bill

Telephony Bill

Residence Permit

Other

State your relationship with the Organization

Employee

Player

Client

Agent

Provider

Vendor

Partner

Other

Data Subject Request Form



Request Type (mark with an X, for additional information about your rights please visit our website www.opap.gr/gdpr and read the Organization's data protection policy)

Access & Information Request

Whether my personal data are being processed

Access to my personal data that is processed and to specific information regarding the processing activities

Portability Request

Receive my data in a structured, commonly used format

Transmit my data to a third party in a structured, commonly used and machine-readable format

Rectification Request

Correct/Rectify my personal data

Deletion Request /Right to be Forgotten (*)

Delete my personal data

Restriction of Processing Request

Restrict processing of my personal data

Statement of Objection

Object to the processing of my personal data / withdraw my consent

OPAP

(Select the activities within which you have provided your personal data to the company and relates to the above request / requests)

Newsletters

Online Sportsbook
(Pamestoixima.gr.))

PLAY Games (VLT's)

Payment of earnings through Credit Institutions

Corporate Social Responsibility(CSR)

Winning Certificate

All of the above

Other

Hellenic Lotteries

(Select the activities within which you have provided your personal data to the company and relates to the above request / requests)

Newsletters

Payment of earnings through Credit Institutions

Winning Certificate

All of the above

Other

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Horse Races

(Select the activities within which you have provided your personal data to the company and relates to the above request / requests)

Newsletters

Payment of earnings through Credit Institutions

Winning Certificate

All of the above

Other

Additional Information

Please provide any additional information, to specify your request and to assist us in responding:

Data Subject Request Form



Representative details *(If you are applying on behalf of the data subject)*

Full name:

Date of Birth:

Address:

[Street]

[Number]

[Town]

[Area]

[Post Code]

Telephone number:

Email:

What is your relationship to the data subject? (e.g. parent, legal representative, attorney)

Representative Proof of Identity *(mark with an X)*

Personal ID

Passport

Residence Permit

Other

Representative proof of legal authorization to act on behalf of the data subject *(mark with an X)*

Authorization

Proxy

Judgement

Certificate

Other

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Format of Information provided *(mark with an X)*

Electronic format

Hard- copy format

Means of Transmission / Access to Personal Data *(applicable only to Access Requests)*

Receive the information by post

View information only
(without receiving a copy)

Collect the information in person

Receive the information by email

Data Subject Declaration

I certify that the information provided in this form is correct to the best of my knowledge and I am the person to whom it relates. I understand that the organization is obligated to confirm proof of identity and for this purpose, it will process the information and documents I submit. The organization may also request further information, if required in order to comply with this request.

Full name:

Signature:

Date:

Representative Declaration

I certify that the information provided in this form is correct to the best of my knowledge and that I have been lawfully and duly authorized to act on behalf of the data subject. I understand that the organization is obligated to confirm proof of identity both for me and for the data subject and for this purpose it will process the information and documents I submit. The organization may also request further information, if required in order to comply with this request.

Full name:

Signature:

Date:

Data Subject Request Form



Information

Please don't use this form to get general information about the Organization.

Your request will be processed within **30 calendar days** upon receipt of a fully completed form and proof of identity. If this period is to be extended you will be notified accordingly.

Before proceeding with your request, proof of your identity is required. If you are submitting the request on behalf of another data subject, you will need to provide identity evidence of the data subject and proof of your right to act on their behalf. Information and copies of the personal data undergoing processing are provided free of charge.

If the data subject asks for additional copies of the personal data or the data subject request is unfounded or excessive (e.g. because of their repetitive character), we reserve the right to refuse to act on the request or charge a reasonable administrative fee determined on a case by case basis.

For details on how your personal information is used by our Organization please read Data Protection Statement, which can be found on our website at www.opap.gr

All requests should be sent via hard copy to **112, Athinon Avenue, Athens, Greece, P.O. Box 104 42**

Or via email at dpo@opap.gr.

* Note, that you can at any time select not to receive any communication from the organization (via emails) related to our actions, by unsubscribing from the available option in each email you receive.

In case, you are using the Organizations applications (e.g. OPAPP, Contribution Squad etc.) and you are logged in by using your email or a social network account (e.g. facebook, google etc.) please remove this account from the app or uninstall the app from your device.

Date*:

Request No*:

**filled by the company*