

**PRIVACY GDPR ORGANIZATIONAL MODEL****FORM FOR EXERCISING THE RIGHTS OF THE PERSON CONCERNED**Foglio 1 di 4
Data 09/02/24
Revisione 02**FORM FOR EXERCISING THE RIGHTS OF THE PERSON CONCERNED**

Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data (hereinafter referred to as "GDPR"), we hereby provide you with information regarding the exercise of your rights relating the personal data provided to allow the relationship with Cereal Docks International S.p.A.

Data Controller

The Data Controller is **Cereal Docks International S.p.A.**, with registered office in Camisano Vicentino (VI) Via dell'Innovazione n. 1, tax code and registration number with the Register of Companies of Vicenza: 03392950246 (hereinafter "**Controller**" or "**Company**").

Data Protection Officer (DPO)

The Data Controller relies on the group Data Protection Officer (DPO) appointed under Article 37, paragraph 2 of the GDPR. The contact details of the DPO can be found on the Data Controller's website or at its headquarters. For exercising your rights and for any communication, issue, and/or request for clarification regarding the protection of your personal data, you may freely contact the DPO

Each interested party may exercise the rights listed below by filling out this form which must be sent, together with the required attachments, preferably by e-mail to the address of the Controller on the Company's website.

CEREAL DOCKS INTERNATIONAL SPAvia dell'Innovazione 1
I - 36043 Camisano Vicentino (VI)
Uff. Commerciale: via Adige 20
I - 20135 Milano (MI)tel +390444419411
fax +390444419490
tel uff. comm. +390259902682
fax uff. comm. +390254114421info@cerealdocks.it
www.cerealdocks.it

I, the undersigned:

NAME	
SURNAME	
BIRTH DATE	
TAX IDENTIFICATION NUMBER	
Mail to send a reply to	
Telephone number	

(If this application is made in the name and on behalf of a third party, indicate the information of the data subject to whom the data relate and attach a copy of the authorisation to this application):

NAME	
SURNAME	
BIRTH DATE	
TAX IDENTIFICATION NUMBER	

As a data subject (i.e. the data subject's attorney) to whom the personal data processed by you refer,

I ASK

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to exercise the rights selected below with the relevant detailed information:

I, the undersigned:

NAME	
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Foglio 4 di 4
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