# **Preliminary Request Form**

# Introduction

Please fill out this form if you intend to exercise one of your rights under the General Data Protection Regulation ("GDPR").

If you fill out this form on behalf of another person, please complete all its parts. If you fill out this form to obtain information about your personal data, please complete only part 1 and 3.

Part 1	- To	be f	illed	out by	ever	vhody
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1	Pleas	Please provide following information:					
	Nan	Name and surname					
	Add	ress					
	Tele	Telephone number					
	E-m	E-mail address					
2		all but current employees] Please provide proof of your identity. If we cannot identify you, ill not be able to respond to your request:					
	•	[for existing suppliers or persons with whom contracts are concluded] customer or supplier data, contract number / order or another identifier]					
	•	[for all other people] any information allowing your identification. PLEASE DO NOT SEND COPIES OF IDENTITY DOCUMENTS					
3		se describe the relationship with the Foundation. (e.g. co-worker, customer, beneficiary, sentative of the Body, supplier) and indicate whether the relationship is ongoing or has d:					
4	Whic	h right do you want to follow on the basis of your GDPR in relation to your personal data?					
		example, it can be an insight into your account details:					
		Right to be informed about processing operations					
		Access right					
		Right to correct/supplement data					
		Right to remove data (be forgotten)					
		Right to limit processing					
		Right to transfer data					
		Right for objection					
		Right not to be subject to automatic decision making, including profiling.					
5		u want to get access to information we have about you, please answer the following tions in as much detail as possible, which will allow us to locate the information that is the					

subject of the request. Please note that the more extensive the search, the longer it will take us to provide this information:

- (a) Do you think that this information can be found in paper documentation?
- (b) If yes, please answer following questions:
  - In whose possession can this documentation be located?
  - In which period should we perform the search?
- (c) Do you think that this information is in the form of e-mails or other computerized form?
- (c) If yes, please provide following information:
  - Surnames of authors and recipients of a message
  - Topics of e-mails
  - Dates/period in which in your opinion the messages were sent
  - Do you think that e-mails are data that is currently in use, archived or backed up?
  - Additional information that may help us in searching
- Please provide us with a maximum amount of information about the reasons why you want to exercise the right or about the grounds for submitting the Request.
- 2. Information concerning data processing

If you want to get information as below, please tick the appropriate boxes:

	Why do we process your personal data
	Who your personal data is disclosed to
П	Source of obtaining your personal data

### Part 2 – To be filled out only by a person providing a Request on behalf of a person

1 Please provide data of a person you provide this reques	: for:
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Name and surname				
Address				
Telephone number	(evening)			
E-mail address				

Please indicate the relationship with the above person or the degree of relationship (e.g. legal representative):

.....

3 Please provide information confirming the authorization to act on behalf of the above person.

# Part 3 - To be filled out by everybody

Please make sure that you attached to this form:

• Information allowing identification

• Proof of authorization to act on behalf of another person (e.g. power of attorney).

# Declaration of a person data relates to:

I declare that the information provided in this form is correct to the best of my knowledge and that I am the person t this information applies to. I am aware that the Foundation is required to confirm my identity / authorization and may require additional information to be able to fulfill this request to access the data of the data subject.

Name a	and surname:
Signatu	ire:
Date:	
OR	
Author	rized person - Declaration (if applicable):
is requ	m that I am legally authorized to act on behalf of the data subject. I am aware that the Foundation wired to confirm my identity / authorization and may require additional information to be able to his request to access the data of the data subject.
Name a	and surname:
Signatu	ıre:
Date:	
Note: A	A person who unlawfully acquires or attempts to obtain data is liable to criminal prosecution.
I would	l like:
	receive information in electronic format (some files may be too large for electronic transmission and we will be forced to provide them in CD format)
	receive information by post *
	receive information in person
	only view a copy of the information
	discuss information with the Foundation
post or in	of sending information by post, we will make sure that it is properly addressed. However, we are not responsible for losing information by accorrect delivery or opening by another person in the household. Loss of information in transit or incorrect delivery can be a source of isment or damage if the information is "sensitive".
Name a	and surname
Signatu	ıre
Date	
To be se	ent to:
Anna St	tankiewicz, Mail: Anna.stankiewicz@formikadzieciom.org.pl
Fundacj	ja Formika Dzieciom- biuro
Ul. Puła	awska 405A lok. 102, 02-801 Warszawa

We have the right to refuse to provide information if we are unable to verify the identity of the person applying for the Request. In this case, we will inform you immediately about the refusal to provide information.

If, after receiving the information requested, you feel that we have not adequately handled this request, please immediately send information to fundacja@formikadzieciom.org.pl with the reasons. Next, we will verify the information and inform you about the actions taken in connection with the Request or, possibly, the reasons for not taking additional actions, providing information for the possible filing of a complaint or raising a claim.

Request No*				
To be filled o	ut by the	Foundation	after receiving	a request