

## RIGHT OF OPPOSITION REQUEST FORM

To exercise your right of Opposition, please complete this form and email it to [dataprivacy@maservicescorp.com](mailto:dataprivacy@maservicescorp.com).

### Data Owner Information:

Names: \_\_\_\_\_ Surnames: \_\_\_\_\_

Identity No.: \_\_\_\_\_ Document Type: \_\_\_\_\_

**If you make this request on behalf of the data owner, please complete the following information about yourself:**

Names: \_\_\_\_\_ Surnames: \_\_\_\_\_

Identity No.: \_\_\_\_\_ Document Type: \_\_\_\_\_

Relationship with the Data Owner:  Legal Representative  Guardian (father, mother, legal guardian and upbringing)

### Documents provided:

- Identity Document of the Data Owner (mandatory)
- Identity Document of the Legal Representative or Guardian (if applicable)
- Notarized Power of Attorney Letter (if applicable)

### Contact Details:

Please tell us how we can contact you to send the response to your request and consult in case of doubts:

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Other: \_\_\_\_\_

Remarks: \_\_\_\_\_

### Relationship of the Data Owner:

In order to provide you with a quicker response, please indicate the relationship(s) you have or have had with the organization:

Client/User  Collaborator  Supplier  Donor  Other \_\_\_\_\_

Person(s) in the Organization with whom you have had contact: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Legal basis:

**Law 81 of 2019 on Personal Data Protection.**

**Art. 15 numeral 4:** Right of Opposition: allows the data owner, for well-founded and legitimate reasons related to a particular situation, to refuse to provide their personal data or to be subject to certain treatment, as well as to revoke their consent.

## Details about your application:

**Reason:**

Please detail below the context of your Opposition request:

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Supporting documentation provided: \_\_\_\_\_

**Data Owner****Legal Representative / Guardian**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**For internal use of MULTIPLE ACCOUNTING SERVICES CORP.:**

Date and time of reception of the request: \_\_\_\_\_ Received by: \_\_\_\_\_

Application number: \_\_\_\_\_

Date and time of sending a response: \_\_\_\_\_ Sent by: \_\_\_\_\_