

RIGHT OF OPPOSITION REQUEST FORM

To exercise your right of Opposition, please complete this form and email it to dataprivacy@maservicescorp.com.

Names: Surnames: 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) □ □	Data Owner Information:	
If you make this request on behalf of the data owner, please complete the following information about yourself: Names: Surnames:	Names:	Surnames:
yourself: Names: Surnames:	Identity No.:	Document Type:
Document Type:	If you make this request on behalf of the data ow yourself:	ner, please complete the following information about
Relationship with the Data Owner: _Legal Representative	Names:	Surnames:
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: 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 withorganization: Client/User Collaborator Supplier Donor Other Donor Other Donor Other Donor Other Donor Donor	Identity No.:	Document Type:
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: Remarks: 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 organization: Client/User Collaborator Supplier Donor Other Donor Other Collaborator Donor Donor Other Donor	Relationship with the Data Owner: Legal Represe	entative \square Guardian (father, mother, legal guardian and upbringing
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: Remarks: 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 organization: Client/User Collaborator Supplier Donor Other Donor	Documents provided:	
Please tell us how we can contact you to send the response to your request and consult in case of doubts: Email:	Identity Document of the Legal Representation	ative or Guardian (if applicable) \square
Email: Cell 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 organization: Client/User	Contact Details:	
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 organization: Client/User	Please tell us how we can contact you to send the	response to your request and consult in case of doubts:
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 organization: Client/User	Email:	
Remarks:	Phone:	Cell phone:
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 organization: □Client/User □Collaborator □ Supplier □ Donor □Other	Other:	
In order to provide you with a quicker response, please indicate the relationship(s) you have or have had with organization: Client/User Collaborator Supplier Donor Other	Remarks:	
	Relationship of the Data Owner: In order to provide you with a quicker response, plorganization:	ease indicate the relationship(s) you have or have had with t
Person(s) in the Organization with whom you have had contact:	□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 requ	uest:
Supporting documentation provided:	
Data Owner	Legal Representative / Guardian
Signature	
Date	
For internal use of MULTIPLE ACCOUNTING SERVICES (
Date and time of reception of the request:	Received by:
Application number:	