Request no.	
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Request for access to information			
In accordance with the General Data Protection Regulation Lentismed d.o.o. enables you to achieve your right to information on your personal data that is in our systems. To help us find the information you need, please complete the following:			
Name and surname of the respondent:			
Personal identification number (OIB):			
The right to be exercised:	☐ access ☐ correction ☐ deletion ☐ restriction of processing	☐ data portability ☐ complaint ☐ automatic decision-making and profiling	
Answer delivery method:	e-mail	☐ by post	
Address (e-mail or postal address)			
Request description:			
In, date	Signatu	re	
REMARK:			
The personal data collected through this form will be used exclusively for the purpose of identifying your data. It is possible that these data is not sufficient and we will contact you, if necessary for more information, so that we can reliably locate your data. Although we would be happy to fulfill your request, in some cases the fulfillment may require a disproportionate effort, and in that case we will inform you about it in accordance with the obligations of the General Data Protection Regulation.			
STATEMENT OF THE RESPONDENT:			
I am aware that any attempted fraud is the applicant's responsibility and will result in a report to the relevant authorities.			
I confirm that I understand the terms of the application and that all information is correct. I understand that it is necessary to establish my identity and I may be contacted for additional information in order to locate my personal information.			
Signature:	Date:		