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EXERCISE OF THE RIGHTS WITH REGARD TO PERSONAL DATA PROTECTION **UNDER REGULATION (EU) 679/2016**

The undersignedbornonfiscal codehereby exercises
his/her rights pursuant to articles 15 and following of the Regulation (EU) 679/2016, as they are set
out in the information notice in full held by the Controller and detailed as follows:
$\hfill\Box$ the right of access (art.15) to the following personal data;
\Box the right to rectification (art. 16) for the following personal data;
\Box the right to erasure (art.17), for the following reason:
;
\Box the right to restriction of processing (art.18) for the following reason:
;
\Box the right to data portability (art. 20) for the following reason:
;

Tricobiotos S.p.A. Sede legale e stabilimento: Via di Spicciano 11 - 59021 - Vaiano (Po) - Italy | tel. +39.0574.94.62.37 - fax +39.0574.98.71.28 Cap. soc. € 516.000 Int. Vers. | Reg. Impr. Prato 03398600480 - R.E.A. Prato 341993 | Cod. Meccan. PO019682 | C.F. 03398600480 - P.IVA / Vat 00300020971 Cod. LEI 815600C295BE26B90B69

Dipendenze: Via di Sofignano, 10 - 59021 - Vaiano (Po) - Italy | Via di Spicciano, 5/7/9 - 59021 - Vaiano (Po) - Italy Via G. di Vittorio, 64 - 59021 - Vaiano (Po) - Italy Academy: Via G. Meoni, 9 - 59100 - Prato (Po) - Italy







	to processing (art.21) for the following reason:
☐ the right to withdra	aw the consent.
for a remedy (Regula	erves to address to the Judicial Authority or to the Data Protection Authority ation EU 679/2016 articles 77 and following) if the undersigned fails to obtain within 30 days of the receipt of the request herein.
Contact details for t	he reply:
☐ Mailing address:	Street/Square name
or,	
☐ E-mail/PEC:	;
or,	
☐ Telefax	
or,	
□ telephone ¹	

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¹ The requests under examination and the related replies may also be oral. However should the data subject address to the Data Protecion Authority for a remedy, a copy of the request forwarded to the Controller (or to the Contact where appointed) should be enclosed.



Further details, if any, of the request:

The undersigned	points out the	following	(provide	any us	seful (explanation	or state	documen	ıts
enclosed if any):									
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Details of an ident	•								
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Place and Date									
					Si	gnature of	the Cont	roller	

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² Exhibit an identity document or inclose a copy thereof, if the identity of the person making the request is not ascertained by other means.