

REQUEST FORM TO EXERCISE PERSONAL DATA RIGHTS

My details
Applicant's last name*:
Applicant's first name* :
Type of applicant*: □ Client □ Supplier □ Employee
Postal address*:
Postcode*: Town*:
Date of birth*: Place of birth*:
Telephone contact number:
*Mandatory fields
I would like to exercise the following right:
Thousand the to exercise the following right.
I would like to exercise my right (please tick the appropriate box(es)):
☐ Access to my personal data
☐ Rectification of personal data
Please indicate which information you would like to have corrected
☐ Erasure of my personal data
With regards to clients, most information is stored for the duration of the contractual
relationship and for 10 years after the end of the contractual relationship.
With regards to prospects, information is kept for 3 years from when it is collected or
from our last contact with you.
Destriction or objection to proceeding of my personal data
 Restriction or objection to processing of my personal data In order for us to study your request, please give the reasons for this request
in order for as to study your request, piease give the reasons for this request
□ Objection to processing of my personal data for sales purposes by the Evian
Resort
☐ Telephone
□ SMS/MMS
□ Email
□ Portability of my personal data
If you would like a response by email, please provide your email address
The state of the s

My supporting doc	uments	
Please enclose a phot	ocopy of the following document(s) with your request:	
☐ Proof of identi	ty (mandatory)	
If you provide a copy	of a national identity card, please include both the front ar	nd back.
□ Other support	ing documents (optional)	
You can also provide	additional documents in support of your request.	
Receiving a respon		
	oonse as soon as possible*	
☐ By post☐ By email to fo	lowing address: dpo@evianresort.com	
*Your request will be dea		
You can exercise the ri	ghts listed above by sending a letter to the following addr	ess:
	DPO	
	Evian Resort	
	Quai Baron de Blonay	
	74500 Evian-les-Bains France	
	Tance	
for processing the inf	d on this form is processed by the Evian Resort, which is ormation in order to deal with your request to exercise gal and statutory requirements.	•
Place:	Date:	
Signature:		
orginature.		