

## PERSONAL INFORMATION REMOVAL REQUEST FORM

## With reference to GDPR (General Data Protection Regulation) I wish to remove my personal data

This form is for requesting the removal of data that include your personal information from Symetri.

When you make your request, we will balance the privacy rights of the individual concerned with legal obligations. I wish to remove all my personal records  $\square$ I only wish to remove certain personal records. Please specify: **Personal information** First and last name: Company name: Date of birth: Home address: **Email Address:** Telephone Number: Identification You must provide a form of identification to confirm your identity. Photocopy is accepted. **WARNING** it is a criminal offence to obtain another person's information by deception. Acceptable proof of identity: \*Current Passport \*Unexpired photo card driving licence (full or provisional) Date: Signature:

## Send the original request and form of identification to:

SYMETRI Box 771 S-781 27 Borlänge SWEDEN

We intend to respond to a personal data request promptly and in any event within 30 calendar days of receiving it. Respond will be sent to your stated home address.