



ANEK LINES S.A.

DATA SUBJECTS' REQUEST FOR ACCESS, CORRECTION, DELETION, PROCESSING LIMITATION, PORTABILITY, AND OBJECTION TO PERSONAL DATA PROCESSING

You have the right to request access, correction, deletion, processing limitation, portability, and objection to processing of your personal data which we may have in storage. This is known as Request for Access, correction, deletion, processing limitation, portability, and objection to personal data processing by Data Subjects ("RADS"). A data subject is a person who is the subject of personal data. If you wish to submit a RADS, please fill in this form and mail it to us or send it by e-mail.

If you are going to mail the form, please send it to the following address:

Personal Data Controller
Konstantinou Karamanli Avenue 148
(Souda Avenue), 731 34 Chania Chania
Greece

Send your e-mail to the following address: privacyteam@anek.gr
 Please write "RADS" as your e-mail's "subject".

1. Data subject's full name

2. Data subject's date of birth

3. Data subject's address

4. Data subject's phone

Home phone number:

Mobile phone number:

5. This application requests:

Access Correction Deletion Processing Limitation Portability Objection to Personal Data Processing

6. Data details:

7. Please describe the data to which your application refers, as explicitly as possible (e.g. e-mail copies between <date> and <date>) to help us locate the information requested. We may not be able to satisfy your request if we do not receive enough information to locate the data of your application.

8. The answer will be sent to the data subject or to his/her representative?

To the data subject To the representative

If the data will be sent to the representative, please fill in paragraphs 10 and 11.

9. I confirm that I am the Data Subject

Signature: _____

Name: _____

Date: _____

I enclose/attach a copy of my ID card plus supporting evidence of my address.

10. (Please fill in if the answer to question 8 is “To the representative”) The Data Subject (whose personal data are requested) must authorize the dispatch of the information to his/her authorized representative, in writing.

I hereby authorize _____
_____ (fill in the name of your authorized representative)
to request access to my personal data.

Data Subject’s Signature: _____

Name: _____

11. (To be filled in by the data subject’s representative) I confirm that I am the Data Subject’s authorized representative.

Name and address of authorized representative to whom the personal data will be dispatched:

Signature: _____

Name: _____

Date: _____

We shall make every effort to process your data access request as quickly as possible within 30 calendar days. However, if you have any questions while your application is in process, please do not hesitate to contact us at the following e-mail address: privacyteam@anek.gr