**Personal Data Request Management Form**

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| **Date of Request** |  | **Latest Date of Reply** |  |
| **Requested by** | Identity information:  Address:  Phone:  E-mail address:  Preferred communication method: | | |
| **Relationship of the requesting person with IREKS A.S.** | Employee / relative of employee ………………………  Former employee / relative of former employee …………………………  job applicant  ……………………………. customer providing services  Visitor  Supplier  Corporate customer representative of employee  Other ………………………………………………… (please specify) | | |
| **Request** |  | | |
| I hereby agree that information related to the application I make through this form to IREKS A.S. company can be processed by the company pursuant to Article 11, titled rights of the relevant person, of the Law on the Protection of Personal Data number 6698.  Signature | | | |