**Form for the Exertion of Rights of Data Subject**

This form may be used by any data subject which intends to exercise its rights. Please send this form via Mail or E-Mail to the Data Protection Officer of the cycos AG.

You must provide proof of identity with any request. We won’t make any copies and destroy the received document according to data protection requirements.

|  |  |
| --- | --- |
| Name of data subject |  |
| Date of request |  |
| Preferred contact details (E-Mail / phone number / etc.) |  |
| Date of initial data collection (when, where) |  |
| Type of right that the data subject wants to exercise (please indicate whether access, deletion, blocking, correction) |  |
| Category of processing to which data subject refers |  |
| Any other relevant information that may help cycos providing data subject with the appropriate answer to its request |  |