

REQUEST FOR WITHDRAWAL OF CONSENT

1. Subject Identity:

Name and surname		Phone	
Home address		E-mail	

2. Category of the Subject of personal data to which you belong:

(you can choose one of the following categories: employee in ALKALOID AD Skopje, applicant for employment, intern in ALKALOID AD Skopje, scholarship beneficiary, external collaborator under contract, subject to direct marketing, product user, shareholder, reporter of adverse drug reactions, visitor, etc.)

Category of Subject of personal data:
Your relationship with ALKALOID AD Skopje (in order to be able to respond to your request in a timely manner, please describe in more detail your relationship and contact persons in ALKALOID AD Skopje)

3. Description of the Request for withdrawal of consent

<p>1) Pursuant to Article 11 of the LPDP, I inform you that I withdraw my consent to the processing of my personal data (specify the personal data and the processing to which this Request applies)</p> <p>and / or</p> <p>2) Pursuant to Article 11 of the LPDP, I inform you that I withdraw my consent to the processing of my personal data for the purpose (s) (specify for which purpose / purposes this Request applies)</p>
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Send the answer to this Request

- to my home address
- to my e-mail address

Signature _____	Date _____
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