**DATA REQUEST FORM | FORMULARIO DE SOLICITUD DE DATA**

**Fill out the following form to exercise your right to access, rectify, oppose, move or cancel the data we have in our records. *Complete el siguiente formulario para ejercer su derecho a acceder, rectificar, oponer, portar o cancelar la data que mantenemos en nuestros registros.***

**Data Owner Information | *Información del Titular de los Datos***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names** | Nombres: | Insert text/Inserte texto. | | **Surnames** | Apellidos | Insert text/Inserte texto. |
| **Identity No.** |  No. de Identificación: | Insert text/Inserte texto. | | **Document Type** |  Tipo de documento: | Elija un elemento. |
| **Email**: | Insert text/Inserte texto. | | **Mobile** | Móvil: | Insert text/Inserte texto. |
| **Phone** | Teléfono: | Insert text/Inserte texto. | |
|  | |

# If you make this request on behalf of the data owner, please complete the following information about yourself. If not, proceed to the Request details section. | *Si hace esta solicitud en nombre del titular de datos, favor complete la siguiente información. De no ser así, continúe a la sección de detalles de la solicitud:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Names** | Nombres: | Insert text/Inserte texto. | **Surnames** | Apellidos | Insert text/Inserte texto. |
| **Identity No.** |  No. de Identificación: | Insert text/Inserte texto. | **Document Type** |  Tipo de documento: | Elija un elemento. |

**Relationship with the Data Owner | *Relación con el titular de los datos*:**

**Legal Representative** | Representante legal

**Guardian (father, mother, legal guardian and upbringing)** | Tutor (padre, madre, guarda y crianza)

**Documents provided | *Documentos proporcionados***

* **Identity Document of the Data Owner (mandatory)** | Documento de identidad del titular (obligatorio)
* **Identity Document of the Legal Representative or Guardian (if applicable)** | Documento de identidad del Representante Legal o Tutor (si aplica)
* **Notarized Power of Attorney Letter (if applicable)** | Poder notariado (si aplica)

**Relationship with the Data Owner | *Relación con el Titular de los Datos***

**In order to provide you with a quicker response, please indicate the relationship(s) you have or have had with the organization** | *Para asistirlo de forma rápida, favor indique la relación que mantiene con la organización:*

**Client/User** | Cliente **Collaborator** | Colaborador  **Supplier** | Proveedor  **Other** | Otro

|  |  |
| --- | --- |
| **Persons in the Organization with whom you have had contact** Personas en la organización con quienes tiene contacto: | Insert text/Inserte texto. |

**Request details | *Detalles de la solicitud***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Access**  Acceso |  |  |  | **Portability**  Portabilidad |  |  |  | **Opposition**  Oposición |
|  |  |  |  |  |  |  |  |  |  |
| **Please detail the context of your request and data to be reviewed |** Detalle su solicitud | | | | | | | | | |
| Insert text/Inserte texto. | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Rectification** Rectificación |  |  | |  | **Cancellation** Cancellación | |  |  | | |  |  |
| **If you have chosen Rectification or Cancellation, please choose the reasons below. |** Si ha elegido Rectificación o Cancelación, favor seleccione los siguientes motivos. | | | | | | | | | | | | | |
| **Incorrect data**  Data incorrecta | | | | **Inaccurate data**  Data inexacta | | | | | | **Incomplete data**  Data incompleta | | | |
| **False data**  Data falsa | | | **Impertinent Data**  Data no pertinente | | | | **Irrelevant data**  Data irrelevante | | | | **Outdated data**  Data desactualizada | | |
|  | | |  | | | |  | | | |  | | |
| **Please detail the context of your request and data to be reviewed |** Detalle su solicitud | | | | | | | | | | | | | |
| Insert text/Inserte texto. | | | | | | | | | | | | | |

# Data Owner | Titular de la data Legal Representative/Guardian

# Representante Legal/Guardian

Signature

Date

***Once completed, please send this form to*** [***dataprotection@icazalaw.com***](mailto:dataprotection@icazalaw.com)***. | Una vez completado, favor envíe el formulario a la cuenta*** [***dataprotection@icazalaw.com***](mailto:dataprotection@icazalaw.com)***.***