

## EXERCISING THE RIGHT OF CANCELLATION

Request to cancel the personal data which is the subject of processing and is held in a file (4)

### DATA OF THE DATA CONTROLLER FOR THE FILE

Name:..... Address  
of Access Office: Street..... no. .... Postcode  
..... Place .....  
Province:.....

**(Note: If you do not know the address of the data controller for the file, you may call the Data Protection Agency to request this information, on 91 -3996200 between 9.00 am and 2.00 pm, Monday to Friday. (THE APD (DATA PROTECTION AGENCY) DOES NOT HAVE THE DATA HELD IN THE FILE, ONLY THE ADDRESS OF THE DATA CONTROLLER). APPLICANT'S DATA**

Mr/ Mrs ....., of full legal age, with address for this purpose at .....Street no....., Place..... Province ..... Postcode ..... holder of D.N.I (Identity Card No.) ....., a photocopy of which is attached, by means of this letter, expresses his/her wish to exercise the right of cancellation, in accordance with article 16 of Organic Law 15/1999 and articles 15 and 16 of Royal Decree 1332/94.

### REQUESTS.-

1. That the effective cancellation be made within ten days as from the reception of this request, of any personal data about myself which are held in your files, under the terms and conditions provided for in Organic Law 15/1999 on the Protection of Personal Data, and that I be informed of this in a letter to the above address.
2. That, if the data controller considers that said cancellation is not appropriate, it also inform me, giving the reason, within said ten days, in order that I may make the claim provided for in 18 of the Law.

In ....., on the ... of .....of 200...

**(4)** The rights are exercised against the data controller: a Public or Private body, company, professional or private person, which or who holds the data.