

FORM FOR EXERCISING THE RIGHT OF OBJECTION

INFORMATION ABOUT THE PERSON RESPONSIBLE FOR THE FILE OR PROCESSING:

Name: TICBIOMED, TECNOLOGÍAS DE LA INFORMACIÓN DE LA REGIÓN DE MURCIA

Address of the access office: EDIFICIO CEEIM, CAMPUS UNIVERSITARIO DE ESPINARDO, 7, 30100, ESPINARDO, MURCIA.

REQUESTER'S INFORMATION:

Mr./Mrs., of legal age, residing at No.

..... St., Postal Code..... City/Town..... Province.....

with National ID Card No....., a copy of which is attached.

DECLARES:

1. That, by means of this written document, he/she expresses his/her desire to exercise his/her right to objection, according to articles 6.4, 17 and 30.4 of Organic Law 15/1999.
2. That (describe the situation in which your personal information is processed and list the reasons why you object to it):
3. That, I have attached a copy of the following documents in order to certify the situation described above:

REQUESTS:

6. That my exercise of right of objection be addressed under the above terms.

In _____ on _____, _____ 20__

Signed:

INSTRUCTIONS:

4. Due to the very personal character of the personal information it is necessary to attach a photocopy of the National ID card or equivalent document that proves the identity of the affected person and

which is considered legally valid so that the person responsible for the file may verify it. It may also be exercised through the legal representative, in which case documentation must be provided, apart from the photocopy of the ID card, which certifies legal representation.

5. The domicile for notifications, date and signature of the interested party are also necessary.

lopd@ticbiomed.org

Right of Objection Form