



Data Subject Request form

Please complete this data subject request form in order to exercise the rights you are entitled to with regard to your personal data which is processed and retained by KPMG¹:

Information related to the data subject:

Personal details on the individual	
Name	
Unique identification	
PIN/Other unique identifier	
Contact details	
Address	
Telephone number	
Email address	
Relations with KPMG	<i>Please describe the capacity in which you complete this data subject request form: as a client; employee; authorized representative ;or other, and specify the KPMG entity you have or have had relations with.</i>

Data subject representative:

Do you act in the capacity as a data subject representative?	NO <input type="checkbox"/> YES <input type="checkbox"/>
If "Yes", please indicate the capacity in which you are acting (e.g. parent, guardian, authorized representative)	
Information about the representative:	
Name	
Unique identification	
PIN/Other unique identifier	
Contact details	
Address	
Telephone number	
Email address	
Additional identification details:	<i>Please attach proof² of your lawful authorization to submit this request on behalf of the data subject and to receive information in response of the request.</i>

¹ "KPMG" refers to KPMG Bulgaria OOD, UIC 121489246 or KPMG Audit OOD, UIC 040595851

² Such as notarized power of attorney, certificate of guardian appointment etc.



Data Subject Request

Type of the request:		Request description and relevant data:
Access request	YES <input type="checkbox"/>	
Request for rectification	YES <input type="checkbox"/>	
Request for erasure (right to be forgotten)	YES <input type="checkbox"/>	
Request for restriction of processing	YES <input type="checkbox"/>	
Objection to processing	YES <input type="checkbox"/>	
Data portability request	YES <input type="checkbox"/>	
Other	YES <input type="checkbox"/>	

Preferred form of information reception

Please indicate how you prefer to be contacted and provided with more information regarding this data subject request:	<input type="checkbox"/> Via phone	<input type="checkbox"/> Via post
	<input type="checkbox"/> Via email	<input type="checkbox"/> Via courier
	<input type="checkbox"/> At KPMG's office	<input type="checkbox"/> Other (please describe)

I, the undersigned,, hereby declare that the data provided in this data subject request is correct.

Date:

Signature:

We will acknowledge the receipt of your data subject request in writing. We may require additional information from you in order to properly process the request. We will provide you with information on any action taken with regard to your request within one month of its receipt. That period may be extended by two further months where necessary and in this case you will be informed of any such extension and the reasons for the delay.

In any case KPMG is obliged to confirm your identity before taking any action to process a request. We may request that you provide us with a proof of identity. If you act in the capacity as an authorized representative, you should be able to provide proof of your powers upon our request.

We may refuse to act on your request on legitimate grounds for the existence of which you will be duly notified.

In some cases we may charge a reasonable fee taking into account the administrative costs of providing the information or communication or taking the action requested.