

Data Subject Access Request Form

Please submit your completed request form as a secure email attachment to info@yolda.com

We will respond to your request within one month of receipt of a fully completed form and proof of identity.

If you need any assistance regarding the form, [the Guidance Notes](#) below accompanies you for completing the form.

I. Requester Name (Data Subject) and Contact Information

Please provide the data subject's information in the space provided below. If you are making this request on the data subject's behalf, you should provide your name and contact information in Section III.

Full legal name of data subject:	
Home address (including postcode):	
Date of birth:	
Telephone number:	
Email address: (Please list all emails that you may have used in interactions with us)	
Current or former employees of Yolda GMBH("Yolda"): please provide your employee identification number and your approximate dates of employment:	
Please provide any other unique identifiers or related information to help us locate your personal data:	

II. Proof of Data Subject's Identity

Please provide identification that clearly shows the name, date of birth, and current address of the person the request is about.

Acceptable ID: a photocopy or a scanned image of your passport or photo identification such as a driver's license, national identification number card or similar, plus evidence of address such as a utility bill dated within the last 3 months, if your photo identification does not include address information. If you have changed your name, please provide the relevant documents evidencing the change.

We will be unable to act on any request until we are able to identify you.

Requests Made on a Data Subject’s Behalf

Please complete this section of the form with your name and contact details if you are acting on the data subject’s behalf.

Full legal name of representative:	
Home address (including postcode):	
Date of birth:	
Telephone number:	
Email address:	

Proof of Authorized Person’s Identity and Authority to Act

Please provide identification for the authorized person. The authorized person should provide ID which meets the criteria set out in section II above. This is in addition to the data subject’s identification, which is still required.

Please provide a copy of your legal authority to act. We accept a copy of the following as proof of your legal authority to act on the data subject’s behalf: a written consent signed by the data subject and dated within the last 3 months, a certified copy of a Power of Attorney, or evidence of parental responsibility.

III. Information Requested:

Which right do you wish to exercise?

Please tick one box only

- Art 15: Right of access (commonly DSAR: data subject access request)
- Art 16: Right to rectification (i.e. to correct personal data, or to complete incomplete data)
- Art 17: Right to erasure (right to be forgotten)
- Art 18: Right to restriction of processing
- Art 20: Right to data portability
- Art 21: Right to object to processing

To help us process your request quickly and efficiently, in the box below, please provide as much detail as possible about the personal data you are requesting access to, or correction or erasure of. Please include time frames, dates, names, types of documents, file numbers, or any other information to help us locate your personal data.

We will contact you for additional information if the scope of your request is unclear or does not provide sufficient information for us to conduct a search (for example, if you request “all information about me”). We will begin processing your request as soon as we have verified your identity and have all of the information, we need to locate your personal data.

*Please specify your request here. Continue on additional sheets if necessary.
If you are requesting erasure or restriction of processing, please specify on what grounds you are requesting this.*

Art 21: Right to object to processing

To help us process your request quickly and efficiently, please indicate with a check mark which personal data processing you are objecting to:

Processing for direct marketing purposes, including profiling related to direct marketing.

IV. Processing that the organization considers necessary for the organization's or a third party's legitimate interests under GDPR Article 6(1)(f).

V. Signature and Acknowledgment

I confirm that the information provided on this form is correct and that I am the person whose name appears on this form.

I understand that:

- (1) Yolda must confirm proof of identity and may need to contact me again for further information;
- (2) my request will not be valid until Yolda receives all of the required information to process the request; and
- (3) I am entitled to one free copy of the personal data I have requested, and acknowledge that for any further copies I request, Yolda may charge a reasonable fee based on administrative costs.

We will supply one copy of the relevant personal data in electronic format.

If you would like to receive a copy of the personal data in hard copy instead, please tick the box.

I would like a hard copy instead of an electronic copy.

Signature: _____

Print Name: _____

Date: _____

VI. Authorized Person Signature

I confirm that I am authorized to act on behalf of the data subject. I understand that Yolda GMBH must confirm my identity and my legal authority to act on the data subject's behalf and may need to request additional verifying information.

Signature: _____

Print Name: _____

Date: _____

