

*Data Subject's Information	
Full Name:	City:
Address (Street and Number):	Post Office:
Email:	Phone Number:

*Your relationship with Miraggio Thermal Spa Resort			
Client: <input type="checkbox"/>	Supplier: <input type="checkbox"/>	Partner: <input type="checkbox"/>	I have sent a CV: <input type="checkbox"/>
Employee: <input type="checkbox"/>	Other:		

Application's Type (mark with an x to submit your request)	
Access & Information Request	
My data is being processed. <input type="checkbox"/>	Access to my personal data and specific information about the processing activities. <input type="checkbox"/>
Data Portability Request	
Receive my data in a widely used form, as well as send it to my person. <input type="checkbox"/>	Send my data to third parties in a widely used form. <input type="checkbox"/>
Data Rectification Request	
Rectification of my personal data. <input type="checkbox"/>	Fill in your data that you would like to be rectified:
Object of Processing Request	
Object to the processing of my data/ withdrawal of consent. <input type="checkbox"/>	Complete the reason of opposing to the processing:
Restriction of Processing Request	
Restriction of processing of my personal data. <input type="checkbox"/>	Fill in your data that you want the processing to be restricted:
Data Erasure Request	
Erasure of my personal data. <input type="checkbox"/>	Complete the reason of erasure of your personal data:

Choose the way you would like to be informed about the processing of your request and receive your answer:	
1. Electronic information and receipt in my email.....	<input type="checkbox"/>
2. By information and receipt by email to the mailing address: Street:, Number:, City:, P.O.:	
	<input type="checkbox"/>

Subject's Statement

I certify that the information provided in this form is accurate and I am the person to whom it refers. I understand that the hotel Miraggio Thermal Spa Resort is obliged to confirm my identity and for this purpose will process the information and documents I submit. Miraggio Thermal Spa Resort may also request further information if required to comply with this request.



Full Name

Signature and Date

I certify that the information provided in this form is accurate as far as I know and that I am legally authorized to act on behalf of the data subject. I understand that the Miraggio Thermal Spa Resort hotel is obliged to confirm the identity of both, me and the data subject and for this purpose will process the information and documents I submit. Along with this document, I will send the authorization form. Miraggio Thermal Spa Resort may also request further information if required to comply with this request.



Full Name

Signature and Date

Read the following information carefully before filling out the form and submit your request.

Please do not use this form to receive general information about Miraggio Thermal Spa Resort Hotel.

Your application will be processed within 30 days of receiving a fully completed form. If this period is to be extended, you will be informed.

Before proceeding with your request, proof of identity is required, with the simultaneous sending of this completed form and the ID card (simple copy) to the Miraggio Thermal Spa Resort Hotel. If you are requesting on behalf of another data subject, you must provide proof of identity of the data subject and proof of your right to act on his or her behalf. (ID card & authorization) The information and copies of the personal data under processing are provided free of charge.

If the data subject requests additional copies of the personal data or the data subject's request is unfounded or excessive (eg due to its repetitive nature), we reserve the right to refuse to act upon request or charge a reasonable administrative fee, that determined on a case-by-case basis.

You will be notified within 30 days of the acceptance or not of your request. In case of non-acceptance of the request, you will be informed about the reasons for refusal of implementation. All applications must be submitted in writing at the premises of the Hotel in Kanistro, Paliouri, Halkidiki, PC 63085, Greece or electronically via e-mail at dpo@miraggio.gr.

CAUTION! In order to exercise your right, it is required to send ONLY the present application and the above supporting documents. Any other documents sent will not be considered and will be destroyed immediately. If, in order to formulate a response to the request, additional supporting documents are necessary, we will contact you to ask you to send them to us.

*** The fields with an asterisk must be completed.**

**** Please note that you have the option to unsubscribe from the communication you have chosen to receive, by unsubscribing to the available option in each email you receive.**