**LPPD APPLICATION FORM**

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| --- | --- | --- | --- |
| **APPLICANT'S DETAILS:** | | | |
| Name: |  | |  |
| Surname: |  | |  |
| Telephone Number: | |  | |
| E-mail: |  | |  |
| Address: |  | |  |

**Please specify your relationship with the Company**

* Customer
* Former Employee (between (date): ……………………………………………..)
* Personnel
* Business Partner/Consultant/Solution Partner
* Job Application with CV or Interview
* Other

**Please explicitly and clearly state your request that you have provided in in your application in accordance with the Section 11 of the LPPD**

**Please state the method that you prefer for your application to be responded.**

* Please send it to my address by mail.
* Please send it to my e-mail address.
* I will receive it personally.

The Company shall be entitled to request any additional information and document that will confirm your identity in order to prevent illegal disclosure of your personal data to the third persons and to ensure the security of your personal data. I hereby acknowledge, represent and warrant that the personal data provided by me to the Company hereunder is accurate and up to date, and that I have not filed any unauthorized application, otherwise that I shall assume any and all kinds of probable legal and/or criminal liability.

**Applicant** **:**

**Full Name** **:**

**Date of Application** **:**

**Signature** **:**