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(name, surname, personal identification number of the data subject (natural person))

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(optional contact details: address, telephone number or e-mail address)

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(Systems Integration Solutions, LLC / CorpoSign)

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**APPLICATION**  
**ACCESS TO YOUR PERSONAL DATA**

\_\_\_\_\_  
(date)

In accordance with Article 15 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC ("General Data Protection Regulation") ("GDPR"), **p l e a s e**<sup>1</sup>:

I.  **CONFIRM, WHETHER YOU PROCESS MY PERSONAL DATA** \_\_\_\_\_

\_\_\_\_\_  
*(specify what information you want to know about yourself, for what period, etc.)*

1. **1.If yes, please specify:**

- what personal data you process about me
- for what purposes my personal data is processed
- what are the sources of my personal data
- to whom my personal data was/is provided
- the data retention period. If it cannot be determined, please indicate on what basis (using what criteria) it was determined

2. I would like to receive the requested information in the following way: \_\_\_\_\_  
*(by post / email )*

II.  **PROVIDE ACCESS TO MY VISUAL DATA** <sup>2</sup>

1. provide additional information:

1.1. the date and time of the recording of the visual data (if the exact date and time are not known, they shall be approximate) \_\_\_\_\_  
*(year, month, day, possibly hour, minutes)*

1.2. the location of the image or data capture <sup>3</sup> \_\_\_\_\_

1.3. other relevant circumstances \_\_\_\_\_

2. Please also specify:

- for what purposes the image data are processed;

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<sup>1</sup> Please select which of your personal data referred to in Sections I, and/or II you wish to have access to, and fill in (tick) accordingly only the information requested/required to be provided in the items and sub-items of the Section(s).

<sup>2</sup> If possible, please specify the more specific Systems Integration Solutions, LLC services where the visual was captured and to which you wish to have access, e.g. CorpoSign / CorpoSign Pay / CorpoSign DID.

- to whom the image data was/may have been disclosed;
- the retention period of the visual data.

3. I would like to receive the requested information in the following way <sup>3</sup>: \_\_\_\_\_  
*(by post / email)*

In the event that you are missing any information in relation to my request, **p l e a s e** inform me immediately as follows: \_\_\_\_\_  
*(please provide an email address or phone number)*

**By signing this request, I confirm that I am aware that:**

- my right of access to personal data may be limited in order not to adversely affect the rights and freedoms of others;
- in the case of unfounded, disproportionate and repetitive requests, you have the right to refuse to act on the request.

\_\_\_\_\_  
*(signature)*

\_\_\_\_\_  
*(name, surname)*

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<sup>3</sup> If you wish to receive information by post and/or email, please provide your address and/or email address;