

Data Subject Request Form

This Data Subject Request Form allows individuals to submit a request concerning the processing of their personal data. Please provide as much information as possible.

- PLEASE WRITE IN BLOCK CAPITALS -

Identification and Contact details

First Name:	Family Name:
Address Line 1:	
Address Line 2:	
State/Province:	Zip code:
Country:	
Email:	Mobile phone:



In order to confirm your identity, and to protect the confidentiality of your personal data, a copy of a valid identity document must be sent with this form.

Please select which request(s) you would like to submit to the Controller.

Use "Comments/Notes" field to provide us with details about your request

- Access:** I request to have information about my personal data processed by the Controller
- Data Portability:** I request to receive my personal data in a machine readable format
- Erasure:** I request to the Controller to delete my personal data
- Objection:** I request that the Controller do not use my personal data
- Restriction:** I request that the Controller do not use my personal data in certain processing activities
- Rectification:** I request to the Controller to correct my personal data

Please select the categories of data your request refers to

<input type="checkbox"/> Identification and Contact Data	<input type="checkbox"/> Location Tracking Data
<input type="checkbox"/> Professional Data	<input type="checkbox"/> Trade union membership Data
<input type="checkbox"/> Family Data	<input type="checkbox"/> Ethnicity Data
<input type="checkbox"/> Behavioral Data and Preferences	<input type="checkbox"/> Medical and Health Data
<input type="checkbox"/> Economic, property, financial, insurance Data	<input type="checkbox"/> Judicial Data
<input type="checkbox"/> Financial Account Data	<input type="checkbox"/> Biometric Data
<input type="checkbox"/> Other (please specify)	

Please indicate the Data Controller to which the request is submitted

(you can find this information in the Privacy Notice from which you have obtained instructions to submit this request)

<input type="checkbox"/> Controller:

Select your relationship to the Data Controller

<input type="checkbox"/> Visitor		
<input type="checkbox"/> Candidate		
<input type="checkbox"/> Employee Employee ID:	User ID:	Company:
<input type="checkbox"/> Former Employee Company: Employee ID:	Period of employment: From ___/___/____	Period of employment: To ___/___/____
<input type="checkbox"/> Customer Please select one or more Brands/ Business units		
<input type="checkbox"/> AGRI® FIBG	<input type="checkbox"/> AUTOMATION® FIBG	<input type="checkbox"/> CAR-PARTS® FIBG
<input type="checkbox"/> CONSTRUCT® FIBG	<input type="checkbox"/> DRIVETRAIN® FIBG	<input type="checkbox"/> ENGINES® FIBG
<input type="checkbox"/> FORESTRY® FIBG	<input type="checkbox"/> FORKLIFT® FIBG	<input type="checkbox"/> INDUSTRIAL® FIBG
<input type="checkbox"/> MARINE-ENGINES® FIBG	<input type="checkbox"/> MINING® FIBG	<input type="checkbox"/> TIRES® FIBG
<input type="checkbox"/> Dealer / Dealer personnel Company:		FIBG® Distributor ID
<input type="checkbox"/> Supplier / Supplier personnel (EU or Non-EU) Company:		FIBG® Supplier ID
<input type="checkbox"/> Contractor/Consultant (EU or Non-EU) Company:		FIBG® Contractor ID
<input type="checkbox"/> Foreign investor (EU or Non-EU) Company:		FIBG® Investor ID
<input type="checkbox"/> Media / Journalist (EU sau Non-EU)		
<input type="checkbox"/> Other (please describe).....		

Comments/Notes

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Declaration

I certify the information provided in this form is accurate to the best of my knowledge.
I accept that the data controller will take reasonable steps to establish identity prior to release of personal data.

Signature	Print name	Date

I have read and agree with the [Terms and Conditions](#), respectively the [Privacy Policy](#) of ENGINES® - FIBG.