

**PERSONAL DATA ACCESS REQUEST FOR POTENTIAL FRANCHISEES**

Name and Surname: \_\_\_\_\_

Country: \_\_\_\_\_

E-mail address: \_\_\_\_\_

In accordance with the regulations on personal data protection, I hereby ask you to [please circle one or more of the following]:

1. Provide me with the information which of my personal data you process
2. Provide me with information about [please specify\*]:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* For example, you can ask us how, for how long and for what purpose are we using your personal data. Before choosing to specify which information, you require, we suggest that you read our Privacy Statement for Potential Franchisees available on <https://www.museumofillusions.com/>.

\*If you have the right of access, we will provide you with your requested personal data in an electronic format on the above-mentioned e-mail address.

Date: \_\_\_\_\_