info@museumofillusions.com

**REQUEST FOR ACCESS TO PERSONAL DATA**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

In accordance with the applicable data protection regulations, I hereby request the following [please circle one or more of the options below]:

1. Provide me with information about the categories of my personal data that you process.
2. Provide me with a copy or a list of my personal data that you process.
3. Provide me with information about [please specify below]:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*For example, you may ask how, for how long, and for what purpose we use your personal data. Before specifying the information you are interested in, we recommend that you read our Privacy Statement available at <https://muzejiluzija.com/>.

If you have the right to access, we will provide you with the requested information in writing via the e-mail address you have provided in this form.

Date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_