

Data subject request form

I. INFORMATION ABOU	T THE CONTROLLER:
Name of controller,	Sabiedrība ar ierobežotu atbildību "Mobilly",
registration number,	Registration number 40003654405, address: Dzirnavu iela 91, k-3, Rīga,
address:	LV-1011,
addi ess.	e-mail address: info@mobilly.lv
	c-man address. mio@moomy.iv
	e-mail address in matters of personal data protection: dati@mobilly.lv
	e-mail address in matters of personal data protection, datig/moonly.iv
II INFORMATION APOL	UT THE DATA SUBJECT
Name surname:	UT THE DATA SUBJECT
Personal identity number	
(or date of birth, if there is	
no personal identity	
number):	
Contact address:	
Phone number for	
contact:	
E-mail address for	
contact:	
Additional information	[indicate here the ID card or personal passport number of the data
for your identification	subject, the date of issue, the issuing authority]
(not required if the on-site	
identification of the data	
subject has taken place, the	
data subject has signed the	
request with a secure e-	
signature or internet bank	
authorization):	
	SARDING THE REPRESENTATIVE (IF THE REQUEST IS
	IER PERSON ON BEHALF OF THE DATA SUBJECT)
Name surname:	
Personal identity number	
(or date of birth, if there is	
no personal identity	
number):	
Contact address:	
Phone number for	
contact:	
E-mail address for	
contact:	
On what legal basis do	
you represent the data	
subject (e.g. parent,	
guardian, trustee, etc.)	
Please describe the	
document confirming	
your right to represent	
the data subject and	
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attach a copy or original	
to this request:	
IV. PREFERRED WAY O	PF RECEIVING A REPLY
☐ In person:	Manager's office at Dzirnavu iela 91, k-3, Rīga, LV-1011
\square To the following	
email:	
\square To the following	
address:	
I am informed that the Cor	ntroller will evaluate the above-mentioned communication channels and,
according to the sensitivity	and scope of the information to be provided, may determine different
communication channels, a	bout which you will be separately informed.
	TA SUBJECT'S REQUEST:
☐ I WANT TO ACCESS	MY PERSONAL DATA OR GET INFORMATION ABOUT
MYSELF	
Please indicate what	
personal data you would	
like to access?	
Please indicate in what	
status your personal data	
could be processed by us (e.g. employee, applicant,	
customer, customer	
representative, visitor,	
etc.)	
If you wish to access	
personal data contained	
in photo or video	
recordings, please	
provide additional	
identifying information about yourself (e.g. attach	
a photo, describe your	
appearance or clothing in	
the appropriate place, etc.)	
If you wish to access	
personal data contained	
in the video recordings,	
please indicate the date	
and approximate time	
when you may have	
accessed the video	
surveillance recordings	
	DECEMBER INFORMATION ADOLES THE PROCESSING CT. T.
	RECEIVE INFORMATION ABOUT THE PROCESSING OF MY
PERSONAL DATA	
Please indicate what personal data you would	
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like to receive information about?	
Please mark the	☐ Purposes of processing;
information you are interested in:	—,
interested in:	☐ Recipients or categories of recipients to whom the personal data have
	been disclosed or to whom it is planned to be disclosed;
	☐ Period of storage of personal data or criteria for determining the period
	of time;
	☐ Information on the possibilities of exercising the rights of the data
	subject, t.sk. the right to rectification, erasure, restriction of data
	processing and the right to object;
	☐ Information on the right to lodge a complaint with the supervisory
	authority;
	☐ Information on the sources of collection of personal data;
	☐ Information about automated decision-making (if any), the logic
	contained therein and the expected consequences.
	contained therein and the expected consequences.
	CT MY PERSONAL DATA
Please indicate which	
personal data you would	
like to correct:	
Please indicate the reason	
for the rectification of the	
personal data:	
Please indicate the	
personal data as they	
would be after the	
corrections:	
	MY PERSONAL DATA
Please specify which	
personal data you wish to	
delete:	
Please indicate the reason	
for the erasure of the	
personal data:	
•	
☐ I WANT TO RESTRI	CT THE PROCESSING OF MY PERSONAL DATA
Please specify which	
processing of personal	
data you wish to restrict:	
Please indicate the reason	
for restricting the	the processing is illegal, but I do not want the data to be deleted, but
processing of personal	limited for the following reasons:
data:	
	Limit to be set by: 20 .year . ;
	· — · — — ·
	☐ aware that the Data may no longer be needed by the Controller, but I
	may need it in the future for the following reasons:



		Limit to be set by: 20year;
	info	rm you that data processing will be restricted automatically in the
following cases:	,	
		rsonal data is also disputed (for as long as the accuracy is verified); he importance and overriding of the legitimate interests of the
		gitimate interests (for as long as the Controller examines the
		es the balance of interests).
arguments and reas	15055	es the outlinee of theresis).
☐ I WOULD LIKE TO I	TVE	RCISE THE RIGHT TO THE PORTABILITY OF PERSONAL
DATA	LAE.	RCISE THE RIGHT TO THE FORTABILITY OF TERSONAL
Please indicate the way		
you would like to receive		
the information subject		
to portability (e.g. to be		
placed on your submitted		
media (CD, USB), sent by		
e-mail):		
If you wish the data to be		
transferred directly to		
another controller, please provide information		
about the recipient		
(name, registration		
number., legal address, e-		
mail address to which the		
information is to be sent):		
		o the General Data Protection Regulation, the right to the portability
		personal data relating to the data subject, processed by automated
		ed on the consent of the data subject and/or based on the performance
of a contract concluded with		
•		ler will evaluate the above-mentioned communication channels and,
		I scope of the information to be provided, may determine different t which you will be separately informed. Initially, please look at the
		ntroller's self-service portals and the possibilities to obtain and store
it in electronic format.		and the state of the position and the position and the state of the st
,		
☐ I WOULD LIKE TO (OBJ	ECT TO THE PROCESSING OF MY PERSONAL DATA
Please indicate which		
processing of personal		
data you wish to object		
to:		
State the substance of		I object to the importance and superiority of the legitimate interests of
the objections:		the Controller (public interest, data processing necessary for the
		performance of public administration tasks) over my legitimate
		interests, because
	<u> </u>	



								;
	□ obje	ct to t	the	use	of	my to	following receive	
	con	munications;						
	obje	ct to the munications;	use (of	my fo	_	telephoi eceive	ne number: commercial
	□ obje	ct to the use of	f my dat	a for	profiling	g purpos	ses for dire	ct marketing.
☐ I WOULD LIKE TO OF INDIVIDUAL DECISION-MINDIVIDUAL DECISION-MINDIVIDU	MAKIN	G OR ASK F						
Please indicate in the								
processing of automated								
personal data you do not								
want your data to be								
used:	Conor	al Data Proto	ation D	agul.	ation th	a wiaht	of with dua	wal door not
I am informed that, under the apply to data processing that:	Gener	ai Daia Froie	Ciion K	eguu	ation, in	e rigni (oj wiinara	wai aoes noi
has legal consequent	ces for	ou.						
is necessary for the p			tract be	etwee	en vou an	d the C	ontroller (i	in which case
you may request a m							,	
■ is permitted or imp	osed a	s an obligatio	on by th	he la	ws and	regulai	tions appli	icable to the
Controller;								
 based on a request f 	from the	data subject	(in whic	ch ca	ase you c	an requ	iest a man	ual review of
the decision).								
Please specify which automated decisions you								
would like to review: Please provide additional								
arguments why you think								
an automated decision is								
inaccurate:								
VI. SIGNATURES								
Date:								
Signature:								
WILDING DIVINITION OF THE	HE CC	NÆDOL I ED	DECA	DDI	DIC TIT	E DD O	CDECC O	E WILL
VII. INFORMATION OF TEXECUTION OF THE REC				KDI	ING TH	E PRO	GRESS O	FTHE
Name, surname, position	ZUEBI	(101 IIICI IIAI	usej.					
of the responsible								
employee of the								
Controller:								



Description of the	
actions taken:	
Time of sending of the	
reply:	
Resolution status:	
Signature:	