

## PERSONAL DATA REQUEST FORM

## With reference to GDPR (General Data Protection Regulation) I wish to receive information about treatments of my personal data I wish to receive a copy of all my personal records I only wish to receive a copy of certain personal records. Please specify: Personal information First and last name: Company name: Date of birth: Home address: Email Address: Telephone Number:

## Send the request to:

SYMETRI Box 771 S-781 27 Borlänge SWEDEN

Your request can also be sent by email to gdpr@symetri.com.

We intend to respond to a personal data request promptly and in any event within 30 calendar days of receiving it. Respond will be sent to your stated home address.