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| thessaloniki blue logo_F | **REGENCY ENTERTAINMENT**  12th km Νational road Thessaloniki-Airport  57001, Thessaloniki  GREECE  Phone : (+30)-2310-491 234  Fax : (+30)-2310-491 221 |

Request Form

Exercise of Data Subject’s Rights

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| **Availability, Completion and Submission of the Request**  *This form is available:*  ***α. On the website of the Casino (***[*https://www.regencycasinos.gr/thessaloniki/el*](https://www.regencycasinos.gr/thessaloniki/el) ***) and***  *Via the website, the form is filled in, printed and signed by the requesting party with the necessary certification for the authenticity of the signature in a CSC (KEP) or a police station.*  *Subsequently, it is sent to the Casino, with a photocopy of a public document (identity card, passport, driving license), to the following address:*  *Regency Casino Thessaloniki 12ο klm. Thessaloniki-Airport, Thessaloniki, 57100, For the attention of Head of Casino Reception*  ***β. At the Casino Reception***  *The form is filled in and then submitted to the Casino Reception – The presentation of a valid public document (identity card, passport, driving license) is necessary.* |

By using this form, any natural person may, as a data subject, exercise the rights provided for in the General Data Protection Regulation (Regulation (EU) 2016/679 – GDPR) regarding its personal data, which REGENCY CASINO THESSALONIKI S.A. collects and processes as data controller.

REGENCY CASINO THESSALONIKI, in accordance with the legislative framework, undertakes to review and assess your request and respond within the prescribed time limit. In any case, you will be immediately informed about any progress in the course of your request.

For the valid submission of your request as well as its optimal and faster management, **please fill in carefully all the following fields:**

(*In case you submit this request as proxy or authorized person of the data subject, you must fill in your name and contact details in* ***Section 5*** *below).*

**1. Information of the natural person exercising the right:**

Name:

………………………………………………………………………………………………………….

Surname:

………………………………………………………………………………………………………….

Address:

………………………………………………………………………………………………………….

Phone Number:

………………………………………………………………………………………………………….

Mobile Phone Number:

………………………………………………………………………………………………………….

E-mail:

………………………………………………………………………………………………………….

**2. Right exercised (You may select only one of the following):**

* Access to my personal data
* Erasure of my personal data\*
* Restriction of processing of my personal data
* Rectification of inaccurate/completion of incomplete personal data Applicable Amendment Procedure
* Objection to the processing of my personal data
* Data portability

\* Please note that the erasure of your personal data pursuant to article 17(3)(b) of GDPR is not, in principle, feasible because the processing of all your personal data is necessary for the fulfillment of our compliance obligation to the legislative and regulatory framework for the operation of casinos (see in particular, article 5 of no. 303/5/27.02.2018 HGC Decision – Government Gazette B 1025/22.03.2018).

In any case, you have the right to lodge a complaint to the Data Protection Authority.

Please write down your request in the field below.

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**3. Selection of means of communication in order for you to be informed about the progress of your request and its response (You may select only one of the following):**

* E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Registered letter (postal address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Data subject’s verification and signature**

I verify that any information provided in this form is accurate and that I am the person whose name appears herein. I understand that: (1) REGENCY CASINO THESSALONIKI must confirm the proof of my identity and may be needed to contact me for more information · (2) my request will not be valid until REGENCY CASINO THESSALONIKI receives all necessary information for the processing of my request· and (3) since I exercise my right of access, I am entitled to obtain a copy of the personal data requested with no charge and I acknowledge that for any additional copies that I may request, REGENCY CASINO THESSALONIKI may impose a reasonable fee taking into account the administrative costs.

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*Name*

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

*Signature*

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

*Date*

**5. Authorized person’s verification and signature**

I verify that I am authorized to act on behalf of the abovementioned data subject. I understand that: (1) REGENCY CASINO THESSALONIKI must confirm my identity and my authority to act on behalf of the data subject and may be needed to contact me for more information· (2) the request exercised will not be valid until REGENCY CASINO THESSALONIKI receives all necessary information for the processing of the request · and (3) since the right of access is exercised, a copy of the personal data requested is provided with no charge and for any additional copies that may be requested, REGENCY CASINO THESSALONIKI may impose a reasonable fee taking into account the administrative costs.

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

*Name*

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

*Signature*

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

*Date*