**Data Subject Application Form**

**General Explanation**

The data subjects and/or their legal representatives can submit their requests on the rights regarding the protection of personal data in writing to Hiwell LTD. ("**Hiwell**" or "**Company**") as data controller by completing the request form below.

If you have any questions regarding the processing of your personal data, or if you would like to exercise one or several of the rights mentioned above, you can deliver your requests about the processing of your personal data via this Data Subject Request Form, and sent it to:

“5 BEAUFORT COURT, ADMIRALS WAY LONDON, UNITED KINGDOM E14 9XL” or [privacy@hiwellapp.com](mailto:privacy@hiwellapp.com)

You should express in a clear and understandable way what is requested in the application, which you will make to practice the rights mentioned above. Information and documents related to the application should be attached to the application. Although the subject of the request must be related to the person of the applicant, if acting on behalf of data subject, the applicant must be specifically authorized in this regard and this authority must be documented (special power of attorney). Requests made by unauthorized third parties on behalf of data subject shall not be valid.

You can also contact our Data Protection Officer at [dpo@hiwellapp.com](http://dpo@hiwellapp.com)

Our representative within the EU is Maria Theodoratou, [privacy@hiwellapp.com](mailto:privacy@hiwellapp.com)

The Company has the right to request additional documents and information about the data subject for identification and determination of authorization in the applications.

The applications submitted by the data subject and/or their legal representatives shall be answered within, in principle, thirty (30) days of their receipt by Hiwell at the latest. The responses shall be notified to you in writing or by electronic means.

**APPLICATION FORM**

1. **Contact Information of Applicant:**

|  |  |
| --- | --- |
| Name & Surname |  |
| Identification Number/ Foreigner Identification Number |  |
| Phone Number |  |
| E-mail: (If you indicate your e-mail, we can answer you faster.) |  |
| Residential Address or Office Address: |  |

1. **Please indicate your relationship with the company**. (Customer, Visitor, Therapist, Employee Candidate, Former Employee etc.)

|  |  |
| --- | --- |
| ● Employee Candidate | Subject: |
| ● Employee | Subject: |
| ● Former Employee | Subject: |
| ● Customer | Subject: |
| ● Visitor | Subject: |
| ● Therapist | Subject: |
| ● Employee/Representative of the Supplier | Subject: |
| Others: .............................. | Subject: |

**C. Please indicate your request in detail:**  ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… ……………………………………….…………………………………………..…………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… ……………………………………...………………………………………………………… ………………………………………………...………………………………………………

**D. Please choose the notification method of our response to your application:**

* Please, send it by post to my address.
* Please, send it to my e-mail address. (If you choose the electronic mail method, we can answer you faster.)
* I am going to receive it by hand. (In case of receipt by proxy, it is required to have a notarized power of attorney or letter of authorization).

This application form aims to identify your relationship with the Company, if any, specify your personal data processed by the Company completely, and facilitate HIWELL’s response to your requests accurately and completely in such period as set out in the law. The Company reserves the right to request additional documents and information (copy of identity card or driving license, etc.) for identification and determination of authorization, in order to eliminate the legal risks that may arise from the unlawful and unjust data sharing and especially to ensure the security of your personal data.

In the event that the information regarding your request that you are communicating with the form is not accurate or up-to-date or contains incorrect/misleading information or that an unauthorized application is made, the Company does not accept liability for such requests.

**Name & Surname of Applicant (Data Subject):**

**Date of Application:**

**Signature:**