

RIGHT OF OPPOSITION REQUEST FORM

To exercise your right of Opposition, please complete this form and email it to <u>dataprivacy@morimor.com</u>.

Data Owner Information:		
Names:	Surnames:	
Identity No.:	_ Document Type:	
If you make this request on behalf of the data owne yourself:	r, please complete the following information about	
Names:	Surnames:	
Identity No.:	Document Type:	
Relationship with the Data Owner: □Legal Represent	ative 🛛 Guardian (father, mother, legal guardian and upbringing)	
Documents provided:		
 Identity Document of the Data Owner (mand Identity Document of the Legal Representative Notarized Power of Attorney Letter (if application) 	ve or Guardian (if applicable) \Box	
Contact Details:		
	sponse to your request and consult in case of doubts:	
Email:		
Phone:	Cell phone:	
Other:		
Remarks:		
Relationship of the Data Owner: In order to provide you with a quicker response, plea	se indicate the relationship(s) you have or have had with the	
organization:		
Client/User Collaborator Supplier	□ Donor □Other	
Person(s) in the Organization with whom you have had contact:		



Legal basis:

Law 81 of 2019 on Personal Data Protection.

Art. 15 numeral 4: Right of Opposition: allows the data owner, for well-founded and legitimate reasons related to a particular situation, to refuse to provide their personal data or to be subject to certain treatment, as well as to revoke their consent.

Details about your application:

Reason:

Please detail below the context of your Opposition request:

Supporting documentation provided: _____

Data Owner

Legal Representative / Guardian

Signature _____

Date

For internal use of MORGAN & MORGAN and MORGAN & MORGAN LEGAL:

Date and time of reception of the request:	Received by:
Application number:	
Date and time of sending a response:	Sent by: