

**Banca Monte dei Paschi di Siena**

**Data Protection Officer**

**Via Aldo Moro 11/13**

**53100 Siena**

## **REQUEST TO EXERCISE PERSONAL DATA PROTECTION RIGHTS**

*(Articles 15-22 of Regulation (EU) 2016/679)*

I, the undersigned, .....  
born in..... on ..... , hereby exercise my rights under Articles 15-22 of  
Regulation (EU) 2016/679 as follows:

### **1. Request for Access to Personal Data**

*(Article 15 of Regulation (EU) 2016/679)*

I hereby request the following actions *(check only the relevant boxes)*:

- confirmation of whether or not personal data concerning me is being processed;
- if confirmed, I request access to such data, a copy of the data and all the information referred to in Article 15(1)(a) to (h) of Regulation (EU) 2016/679, including:
  - the purpose of the processing;
  - the categories of personal data processed;
  - the recipients or categories of recipients to whom my personal data has been or will be disclosed, particularly if recipients are in third countries or international organisations;
  - the expected period for which my data will be retained or, if this is not possible, the criteria used to determine it;
  - the source of my personal data (i.e. whether collected directly from me or obtained from another specific source);
  - the existence of any automated decision-making, including profiling, and meaningful information about the logic involved, as well as the significance and potential consequences of such processing for me.





#### 4. Objection to processing

*(Article 21(1) of Regulation (EU) 2016/67)*

- I hereby object to the processing of my personal data under Article 6(1)(e) or (f) of Regulation (EU) 2016/679 for the following reasons specific to my situation (please specify):

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#### 5. Objection to processing for direct marketing purposes

*(Article 21(2) of Regulation (EU) 2016/679)*

- I hereby object to the processing of my personal data for the purpose of: sending advertising material; direct marketing; market research; commercial communications.

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#### Contact information for reply<sup>2</sup>:

Address:

City:

Province/State:

Postal Code:

or

Email/Certified Email:

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<sup>2</sup> Please attach a copy of an identification document.

**Additional notes**

I hereby provide the following additional information (please include any explanations or indicate any attached documents):

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(Place and date)

(Signature)