

Initial Request Form
from data subjects wishing to exercise their rights under the GDPR
at Terumo Neuro EMEA

Introduction

Please fill in this form if you wish to exercise any one of your rights under the General Data Protection Regulation (the "GDPR").

If you are filling in this form in the name of another person, please fill in all sections of the form. If you are filling in this form to obtain information about your own personal data, please fill in sections 1 and 3 only.

Section 1 – To be completed in all cases

1. Please fill in your contact details:

Name	
Address	
Telephone number	
Email address	
Age (if under 18)	

2. Please describe your relationship with Terumo Neuro (for example, customer or healthcare professional, and indicate whether the relationship is over or ongoing):

.....
.....

3. Which right under the GDPR would you like to exercise for your personal data? For example, you wish to obtain your account details:

.....
.....

4. If you wish to access the personal data we hold about you, please answer the following questions in as much detail as possible to help us locate the data covered by your request. Please note that the wider the search, the longer it will take us to provide the information:

- a) Do you believe that the personal data is to be found in paper files?
- b) If so, please answer the following questions:
- Who do you think might have the files?
 - Which date range should be searched?
- c) Do you believe that the personal data is kept in email form or in another electronic format?
- d) If so, please provide the following information:

- The names of the senders and recipients of the emails.
 - The subjects of the emails.
 - The dates/date ranges on or within which you think the emails were sent.
 - Whether you think that the emails are in instant messaging form, "live" form or in archive or backup form.
 - Any other information that might help us in our search.
5. Please provide as much information as possible about the reasons why you wish to exercise this right.
6. Where applicable, please provide information about any errors in the personal data we hold about you or any personal data that is out of date.
7. Where applicable, please provide the following information about any organisation to which your personal data is to be transferred.

Company name
Address
Telephone number
Email address

Section 2 – To be completed only if you are submitting a request in the name of another person

1. Please provide information about the person for whom you are submitting this request:

Name
Address
Telephone number
Email address
Age (if under 18)

2. Please explain how you are related to the above-mentioned person (for example, parent, legal representative, etc.):
.....
3. Please provide proof of your authorisation to act in the name of the above-mentioned person.

Section 3 – To be completed in all cases

Please ensure that you attach the following documents to this form:

- Proof of your authorisation to act in the name of another person (if necessary).

Return the above to dataprotection@microvention.com.

If you are not satisfied with our response to your request after you have received the requested information, you should immediately inform our DPO at dataprotection@microvention.com, stating your reasons. We will then examine the information and inform you of the steps we are taking in response to your request or, if this is not possible, the reasons why we have decided not to take any further action and the procedure to be followed if you wish to lodge a complaint. Please note that if we have a reasonable doubt about your identity, we may ask you to provide us with any document (e.g. copy of your ID document) to prove your identity.

Signature.....

Date.....