REQUEST TO PROVIDE CONFIRMATION AND INFORMATION ABOUT THE PERSONAL DATA PROCESSING

Applicant/Subject:
Name, surname, date of birth, email or correspondence address:
Recipient/Administrator of personal data:
SQS Vláknová optika a.s., bussiness address: Komenského 304, 509 01 Nová Paka, IČO: 60913037, email: gdpr.info@sqs-fiber.cz .
I hereby request the administrator of personal data to provide me with the information whether my personal data are being processed and to forward the reply to my email/correspondence address .
Further notes:
Applicant/Subject:
Applicatiooubject.

*delete as appropriate