

## FORM PERSONAL DATA AT TNO

### Data subject rights

With this form you can exercise your privacy rights that follow from the General Data Protection Regulation. More information about these rights can be found on the [privacy statement](#) of TNO.

#### PERSONAL DATA\*

First Name	<input type="text"/>	Initials	<input type="text"/>
Last name	<input type="text"/>	Address	<input type="text"/>
Email	<input type="text"/>	ZIP code/ City	<input type="text"/>
Mobile	<input type="text"/>		

In which capacity are you familiar with TNO? \*\*

- (former)-employee, period:
- intern, period:
- participant of TNO research, namely \*\*\*:
- other, namely:

\*Your personal data are necessary to contact you about your request. TNO considers it important to handle your request in an effective way. TNO can also contact you by telephone if there are any questions regarding your request. Your e-mail and mobile are also required in order to send you the personal data securely in case you request access to your data.

\*\* In order for your request to be processed, you must indicate in which capacity you are familiar with TNO.

\*\*\* If you have participated in TNO research, you must state which research you were involved and during which period this research took place.

**WHICH RIGHT DO YOU WANT TO EXERCISE?\***

I want access to my personal data (right of access).

I want my personal data to be rectified (right of rectification).

Please indicate which data need to be rectified and what the rectification should be.

I want my personal data to be erased (right of erasure).

Please indicate why you wish your data to be erased.

I want to restrict the processing of my personal data by TNO (right to restriction of processing).

Please motivate why the processing of your data should be restricted.

I object to the processing of my personal data by TNO.

Please indicate your particular personal circumstances as to why you object to the processing by TNO.

I want my personal data to be transmitted to:

myself

somebody else, namely:

Please indicate why this right applies to your situation.

\*You must tick at least one of the options. If you have to fill out a text field, you must motivate your request.

## FURTHER EXPLANATION

Please elaborate below on your request if needed.

## SUBMITTING

You must include a copy of your identity document (ID). For a safe copy of your ID, use the [Copy ID app](#) from the [Dutch National Government](#).

Send your request by post by completing, printing, signing and sending the form together with the copy of your identity card to the address below. Make the BSN (Dutch national identification number) unreadable on the copy.

TNO  
Corporate Legal  
Postbus 96800  
2509 JE THE HAGUE

You will receive an confirmation of receipt from us.

Date

City

Signature