

**-PLEASE SEND THE COMPLETED FORM TOGETHER WITH A COPY OF YOUR ID-**

**FORM FOR THE PÈRSONAL DATA HOLDER**

\* CHRISTIAN NAME OF THE DATA HOLDER: \_\_\_\_\_

\* SURNAME: \_\_\_\_\_

\* ID No.: \_\_\_\_\_ PHONE: \_\_\_\_\_

**1. NAME OF THE HOLDER OF THE DATA BASE WHERE YOUR PERSONAL DATA ARE:**

COMPANY NAME: INSTITUTO MURCIANO DE FERTILIDAD

• CHANNEL THROUGH WHICH THE RELATIONSHIP WAS ESTABLISHED  
(please mark with an X)

- e-mail
- Fax
- Regular mail
- Phone

• RIGHTS THAT THE HOLDER INTENDS TO EXERCISE

- Modification
- Cancellation
- Elimination
- Access
- Opposition

**2. Data for which the request is submitted:**

\_\_\_\_\_

\_\_\_\_\_

**3. In case of modification or updating, please specify the changes:**

\_\_\_\_\_

\_\_\_\_\_

Data collected through this form will be included in a data base property of Imfer in order to carry out the request submitted by the data holder. The data collected through this form may be used by the firm for

possible action regarding any incident arising from the request or for inspections of the Spanish Agency for Data Protection.