**WITHDRAWAL OF CONSENT
TO PROCESS PERSONAL DATA**

pursuant to the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data, and repealing Directive 95/46/EC (hereinafter only “General Data Protection Regulation”) and pursuant to the Act No. 18/2018 Coll. on Protection of personal data and on amendments and supplements to certain acts

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| **1 – Identification data on the data subject withdrawing consent to process personal data granted before** |
| Title, Full name:  Function:  E-mail address:  Trade name of the company:  Registered address (street, building number, postcode, town, country):  Company ID:  Name of the Companies Registry and entry in the registry:  (hereafter only „data subject“) |
| **2 – Identification data on the Controller**  |
| Centrálny depozitár cenných papierov SR, a.s., registered address ul. 29. augusta 1/A, 814 80 Bratislava, Company ID: 31 338 976, registered in the Companies Registry of DC Bratislava I, Section: Sa, Insert No. 493/B, e-mail: PR@cdcp.sk, web site: www.cdcp.sk (hereafter „Controller“ or „CDCP“)  |
| **3 – Purpose for processing of personal data of the data subject**  |
| Sending the newsletter by which the Controller regularly informs the recipients and the public on its activities and actions.  |
| **4 – Wording of personal data processing withdrawal** |
| [ ]  I withdraw1 [ ]  I do not withdraw1my previously granted consent that CDCP as the Controller can process my e-mail address for the purpose of sending the newsletter by which the Controller regularly informs the recipients and the public on its activities and actions.Please send the withdrawal of the consent in written form to the address specified in section “Identification data on the Controller”.Upon delivery of the withdrawal of the consent in written form the controller will terminate sending the newsletter to e-mail address of the data subject. |
| **Name and surname** |  *Fill in name and surname of the person who completed the form*  |
| **Date** |  *Fill in date when the form was completed and signed* |
| **Signature** |  |

 [ ]  By signing the form I confirm trueness of above stated data (*check to confirm trueness of data*).

This document is prepared as two originals; one will be registered in CDCP and second will be delivered to the data subject.

1 Select option, please.