

## Data Subject Request Form

### Submitter Details

<b>Name:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Address:</b>	

### Type of Request

Please select the type of request you are making:

- Consent Withdrawal*
- Access request*
- Rectification of personal data*
- Erasure of personal data*
- Restriction of processing of personal data*
- Personal data portability request*
- Objection to processing of personal data*
- Request regarding automated decision making and profiling*

### Personal data involved

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### Request details

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**Request reason/justification**

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<b>Date:</b>	
<b>Name:</b>	
<b>Signature:</b>	

By signing below, you indicate that you are the individual named above. We may need to contact you for further identifying information before responding to your request.

Once completed, this form should be submitted via email to [privacy@fsc.org](mailto:privacy@fsc.org) or posted to:

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