RIGHT OF RECTIFICATION FORM

Request for correction of inaccurate personal data, process included in a file.

DATAS OF THE CLAIMANT		
Mr./Mrs	, adult and domiciled Street	
	nº, City	
County	P.C, ID number	, coming with a copy of the
ID, indicates with this form	the desire to exercise his right c	of access, in accordance with article
15 of the Organic Law 15/19	999, and articles 15 and 16 of th	ne Royal Decree 1332/94.

REQUESTS.-

- 1. The free and effective correction, within ten days from the reception of this request, of my personal data's inaccurate information in your files.
- 2. The enumeration of the data that need a rectification, refering to the documents that go with this request, and that in a necessary case, the veracity of the new data will be justified.
- 3. That I'll get the rectification of the data in writing to the address indicated overhead.
- 4. That in case the file lead considers that the rectification or cancellation can't be carried out, I will get the information within ten days, to be able to make the claim provided by article 18 of the Law.

DATAS OF THE FILE

Name of the file or data for which you want access :

N⁰	Wrong data	Correct data	Supporting
			document