

## Exercise of the right to suppress my personal data

### Details of the file and the person responsible:

Filename: **TURISTES**  
Person responsible: **ANDORRA TURISME**  
**Data protection**  
Address: **Carrer Prat de la Creu, 59-65, escala D, 4rt pis**  
Town/city: **Andorra la Vella**  
Postcode: **AD500**

### Details of the person concerned:

Name and surname/s: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town/city: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Passport/ID: \_\_\_\_\_

*(Attach a photocopy of the personal identification document)*

### Details of the legal representative: *(Only in the case of incapacity or minors)*

Name and surname/s: \_\_\_\_\_  
Passport/ID: \_\_\_\_\_

*(Attach a photocopy or document of representation)*

**I wish to exercise my right of suppression**, in accordance with Law 15/2003 of 18 December, qualified for the protection of personal data and,

### I hereby request:

- 1) The suppression of any data concerning my person to be found in the referred file.
- 2) To also report the suppression of my data to all receivers who have previously been informed of my personal data, so that they might proceed to make all pertinent modifications.
- 3) To notify me *(choose one of the two options)* of the effective suppression of my data or justified refusal of the request, free and within a maximum time of one month counting from the time you receive this application.

by post

by electronic mail to the following address:

\_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_

#### **Instructions for completing the form for exercising the right of suppression**

- The name, surname/s and photocopy of passport or ID or any other personal means of identification valid in law are required.
- If the party concerned is a minor or incapacitated, a document certifying legal representation shall also be attached.
- An address is also required for the effect of notification, as well as the date and signature of the person concerned or the legal representative.
- From the point of view of proof, it is advisable to certify the sending of the form either by means of an entry stamp by the institution or the receipt of sending by registered mail.

#### **Requirements for the person responsible for the file**

The person responsible for treatment shall report the necessary suppression to the person concerned within the time of one month counting from receipt of the application for opposition from the person concerned. All rejection of suppression of data shall be justified.

#### **Guard of rights**

If within the time of one month of the application has not been duly attended, the person concerned may apply to the Andorra Data Protection Agency to guard their rights.

The claim must be sent in writing to the 'Agència Andorrana de protecció de dades' at carrer Dr. Vilanova núm. 15, Nova seu del Consell General, planta -5, AD500 Andorra la Vella with the following documents:

- copy of the rejection of suppression by the person responsible for the file
- copy of the suppression requirement, with the institutional stamp
- copy of the receipt of the registered mail or stamp of the post office if the application has been sent by ordinary post
- copy of the answer from the person responsible for the file
- any other document justifying the exercise of the right of suppression