DATA SUBJECT RIGHTS REQUEST FORM

Please refer to our Data Privacy Policy as found in our website for an overview of your rights as a data subject. We comply with the General Data Protection Regulation (GDPR) and this form aims to allow you to exercise your rights thereunder. Depending on the circumstances, only certain rights will apply to you.

Please ensure that you have provided all the information requested below in either Greek or English and add as much detail as possible. If acting on behalf of a data subject, please attach evidence of authorization (e.g., signed power of attorney or written consent).

If you have any questions about this form, please do not hesitate to contact us at dpo@aristeus.com.cy.

1. Your Details

Full Name: _____

Address: _____

Email: _____

Phone Number: _____

2. Proof of Identity (required)

Please provide one valid form of identification (e.g., passport, ID card). Proof of identity will be used solely to verify your request and will be securely deleted or anonymized once verification is complete.

Type of ID: _____

ID Number (last 4 digits): _____

3. Rights You Wish to Exercise (select all that apply)

- ☐ Right of Access – obtain a copy of your personal data.
- ☐ Right to Rectification – correct inaccurate or incomplete data.
- ☐ Right to Erasure – request deletion of your data ('right to be forgotten'), where there is no legal or regulatory requirement for us to retain it.
- ☐ Right to Restriction of Processing – limit how your data is used.
- ☐ Right to Data Portability – receive your data in a structured format and have it transferred to another controller where technically feasible.
- ☐ Right to Object – object to processing based on legitimate interests or direct marketing.
- ☐ Right not to be subject to automated decision-making, including profiling.

4. Request Details

Please describe your request in detail, including any specific data, systems, or processing activities concerned:

_____

_____

5. Declaration

I confirm that the information provided is true and accurate and that I am the data subject (or legally authorized representative).

I understand and agree that the personal information I have provided in this form, including a copy of my identification document, is necessary for Aristeus Financial Services Ltd to verify my identity to process this request. I acknowledge that Aristeus Financial Services Ltd may request additional information if required to confirm my identity or to respond fully to my request.

Signature: _____ Date: _____