



REQUEST FOR IMPLEMENTATION OF RIGHTS

Each of the rights listed below may be exercised by submitting this request at any office of Galaxy Backbone in person or by proxy, as well as electronically, by e-mail to **dpo@galaxybackbone.com.ng**. Please complete in block letters and tick "X" where necessary. Fields marked with * are required for the application to be processed.

- In person proxy (a copy of the power of attorney shall be enclosed)

Subject's Data:

Name: _____

(name, surname, family name)

Date of Birth*:

Address for correspondence*: _____

(house number, city; postal address)

Telephone: _____

E-mail: _____

With regard to:

- Right of access Right to rectification
 Right to erasure ('right to be forgotten') Right to restriction of processing
 Right to object

Description of the request*:

Please describe your request, in order to help you even more, we would like to know the reason for it.

Preferred way for the feedback*:

- In writing to the correspondence address In writing at Galaxy Backbones' Office
 Other _____

Date: Click or tap to enter a date.

Signature: _____