**REQUEST FOR RECTIFICATION OF PERSONAL DATA**

Pursuant to Article 20 of the Law on Personal Data Protection (*Official Gazette of the Republic of North Macedonia* Nos 42/20, 294/21, and 101/25), the Agency for Audio and Audiovisual Media Services enables personal data subjects to freely exercise their right to rectification of personal data.

The Agency for Audio and Audiovisual Media Services shall take all necessary steps to respond to the data subject’s Request within 15 days of receiving the Request, or from the receipt of further information in cases where the initially submitted Request has been unclear or incomplete.

1. **Information about the Request Submitter**

|  |  |
| --- | --- |
| Full name |  |
| Data subject’s category (employee, external associate, job applicant, participant in activities) |  |
| Address |  |
| Contact phone number |  |
| e-mail address |  |

**2. Reasons for the Rectification of Personal Data**

Please indicate, by circling, the reason why you are requesting rectification of your personal data:

* I deem that my personal data are incorrect or incomplete
* I deem that my personal data are incomplete and should be supplemented in order to meet the purpose for which they are being processed

**3. Which Personal Data Do You Request to Be Rectified?**

Please specify which personal data you are requesting to be rectified. Provide all relevant details that will help us identify the personal data you seek rectification of (e.g., contract number, date and method of consent given, new personal identification document, change of personal data, etc.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**4. ACKNOWLEDGEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge that I have read and understood the information contained in this Request and that the information I have provided are accurate. I understand that the Agency for Audio and Audiovisual Media Services may request verification of my identity and/or the identity of the personal data subject, as well as additional information that will assist in identifying the personal data which I am requesting rectification of.

**Signature**                                                             **Date**  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documents attached to the Request:**

* Proof of identity of the personal data subject (when the submitter of the Request is an authorized representative)
* Authorization by the personal data subject
* Justification of the Request (detailed explanation in accordance with Point 3)