

FORM TO EXERCISE DATA SUBJECT RIGHTS

Articles 15 to 22 of the General Data Protection Regulation Regulation (EU) 2016/679 of the European Parliament and of the Council, of 27 April 2016

Please complete this form and send it to our Data Protection Office, using one of the following communication channels: (i) dpo@portobay.pt - in the subject line write 'EDTDP Form' [ii]. send it by registered mail to PortoBay Hotels & Resorts, Rua do Gorgulho 2, 9004-537 Funchal-Portugal. [iii]. face-to-face service at our head office - bring your identity documents with you to be authenticated in person DATA SUBJECT Full Name Address Mobile phone HOLDER OF PARENTAL RESPONSIBILITY (IF SUBJECT IS A MINOR) Full Name Address Mobile phone RIGHT(S) WHICH YOU WISH TO EXERCISE **DETAILS OF REQUEST** (INDICATE THE PERSONAL DATA IN QUESTION) Data access Data correction Data erasure Restriction of processing Data portability Right to object Decision based solely on automated processing

SIGNATURE OF DATA SUBJECT (AS PER IDENTITY DOCUMENT)



TERM OF CONFIRMATION AND AUTHENTICATION

In order to guarantee the security of your personal data, we need to confirm and prove the identity of the personal data subject and the identity of the corresponding holder of parental responsibility by a notary or other entity legally authorised for this purpose.

1. IF THE DATE SUBJECT IS AN ADULT For the purposes of exercising the data subject's right/s as mentioned above, under the terms in this form, it is hereby confirmed and proven that the holder of the personal data and the applicant here are the same person with the following identification data: Full Name Number of Citizen's Card or Passport 2. IF THE DATE SUBJECT IS A MINOR For the purposes of exercising the data subject's right/s mentioned above, under the terms in this form, the identity of the holder of the personal data is hereby confirmed and proven, as are the identity and powers of the applicant as holder of parental responsibility, with the following identification data: A - DATA SUBJECT Full Name Number of Citizen's Card or Passport B - PARENTAL RESPONSIBILITY HOLDER AND APPLICANT HERE Full Name Number of Citizen's Card or Passport These identity data were submitted in person.

We will respond to your request as soon as possible. If any question or doubt persists about this form or any other matter related to it, please contact our Data Protection Office, using the address dpo@portobau.pt.

CERTIFYING BODY (SIGNATURE AND STAMP)