

Application for Information according to Art. 15 GDPR (General Data Protection Regulation)

All fields marked with * are mandatory!	
Title:	
First name*:	Last name*:
Birthdate*:	
Street *:	
ZIP Code*:	City*:
Telephone*:	E-Mail-Address*:
☐ According to Art. 15 GDPR (General Data Prote personal data.	ction Regulation), I request information about m
A copy of a passport or other governmental photo otherwise it cannot be processed.	identification must be enclosed to this request,

Please send the completed request with all necessary documents either by email to iasisrnd@gmail.com or by mail to IASIS, ACHARNON 297, EL30 - Aττική (Attiki), 10445 ATHINA, Greece.