

15 April 2021

Personal Data Request Form

This Form should be used to submit a data subject request under the provisions of the EU General Data Protection Regulation (GDPR) and other applicable legislation. Once we have verified that you meet the criteria for disclosure of data under the EU General Data Protection Regulation, or any other applicable laws and regulations, and have provided sufficient information for us to confirm your identity (if relevant), you will receive a reply within one calendar month from that date, depending on local legislation.

Please complete the below sections as required. If you have any questions, you may contact DataPrivacy@ascendispharma.com.

Section 1 – Requestor Details

First name	
Last name	
Email address	
Relationship to Ascendis Pharma	
Proof of ID (if relevant e.g. copy of passport or driver's license)	

Section 2 – Details of Information required

- Consent withdrawal
- Access request
- Rectification and completion of personal data
- Deletion of personal data
- Restriction of processing of personal data
- Personal data portability request
- Objection to processing of personal data
- Request regarding automated decision making and profiling

Description of Request

Detailed description of your request, including other information that may assist Ascendis Pharma in running an inquiry for the requested personal data

Identity of Person Submitting this Form

- I am the Requestor
- I am a Representative working on behalf of the Requestor

Section 3 – Representative Details

First name	
Last name	
Company name, if relevant	
Address	
Email address	
Proof of ID (copy of passport or driver's license)	

Section 4 – Authorization to disclose Information to a Representative

You must obtain authority from the Requestor before personal data can be disclosed – see Authorization Form. The Authorization Form must be signed by you and the Requestor.

1. Download Authorization Form
2. Print and sign the form
3. Scan the signed form and upload below

The Representative needs to obtain authority from the Requestor before personal data can be disclosed. The Representative should obtain the Requestor's signature below or provide a separate note of authority.

This must be an original signature, not a photocopy (tip: using blue ink often helps verification).

I hereby give my authority for the representative named in Section 3 of this form to make a Data Subject Access Request on my behalf under the EU General Data Protection Regulation.	
Signature of Requestor:	Date:
Signature of Representative:	Date:

Submit your request

Before you click submit, please make sure that you have filled out the Request Form correctly and attached all necessary documents.

[Submit button]

Please note that the rights of this Personal Data Request Form are not absolute, and we may be entitled to refuse the request, wholly or partly, where exceptions under applicable law apply or when the information provided proves insufficient to verify your identity.