**Objection to the processing of personal data by the data subject**

Signed below Name and surname:

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Residence: ................................................ .................................................. .............

I hereby object to the processing of my personal data by Chilli Manufaktura s. r. o., Jókaiho 331/46, 946 51 Nesvady, IČO: 52 570 185, for the purpose of: / fill in for what purpose we process your personal data that you object /

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I object to the processing of my personal data for the following reasons: / describe the reasons why you do not want us to process your personal data / ............. .................................................. .................................................. ...................................... ............ .................................................. .................................................. .......................................... .................................................. .................................................. ........................................

I am requesting notification of how the request will be processed in this way : in the same way as I submit this application; otherwise: ............................................... .....

Instruction: We will process your request without undue delay, at the latest within one month. We can extend this period by another two months, of which we will inform you.

If we do not process your request within this period, you can file a complaint with the Office for Personal Data Protection of the Slovak Republic and apply for redress in court. We will provide you with a notification on how the application will be processed in the same way as the application was submitted, unless you request another method. In case of a positive processing of the application, we will not further process your personal data for the given purpose. We process your request free of charge. In the event of a repeated manifestly unfounded or disproportionate request, we may charge a reasonable administrative fee or refuse to act.

Place ............................., date .................. ..

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Signature of the person concerned