

Recipient

Tuokko OÜ
Pärnu mnt. 141
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ESTONIA

Request	<p>Article 12(1) of the General Data Protection Regulation (EU) 2016/679 requires that data controllers need to provide copy of personal data if data subject request that. The data subject declares that he / she wishes to access the personal data processed by the controller and ask that controller take steps to execute data subjects rights.</p>	
	<p>Data controller Name: Tuokko OÜ Registration number: 10461162 Data protection officer: Johanna Vironmäki (johanna@tuokko.ee)</p>	
Data subject	<p>Rekisterit</p> <p><input type="checkbox"/> Directo <input type="checkbox"/> MailChimp <input type="checkbox"/> Wordpress <input type="checkbox"/> Google Analytics <input type="checkbox"/> Standard Books <input type="checkbox"/> Merit Aktiva <input type="checkbox"/> Merit Palk <input type="checkbox"/> Heeros <input type="checkbox"/> Envoice <input type="checkbox"/> Omniva <input type="checkbox"/> Accounting archive <input type="checkbox"/> AML & KYC</p> <p>Data definition <input type="checkbox"/> All data <input type="checkbox"/> Defined:</p> <p>Time period <input type="checkbox"/> Not defined (all) <input type="checkbox"/> Määritelty:</p> <p>Delivery format <input type="checkbox"/> Document <input type="checkbox"/> Machine readable</p> <p>Delivery <input type="checkbox"/> Digitally <input type="checkbox"/> Regular mail <input type="checkbox"/> At the office</p>	
	First name	Surname
	<p>Details <input type="checkbox"/> ID-code: <input type="checkbox"/> Date of birth: <input type="checkbox"/> Other:</p>	<p>Contacts Email: Telephone:</p>
<p>If the controller refuses to provide information, the data subject must be informed within one month and controller need to state data subject right to appeal concerning the decision supervisory authority pursuant to Article 12 (4) of the Data Protection Regulation.</p>		

Identification	Method <input type="checkbox"/> Identity document (passport, ID-card) <input type="checkbox"/> Other document issued by authority (driving license etc.) <input type="checkbox"/> Digital signature <input type="checkbox"/> Other: Statement concerning identification
Signature	Format of signature <input type="checkbox"/> Digital signature File: <input type="checkbox"/> Manual signature Place and time: