

## FORMAT OF APPLICATION TO EXERCISE THE RIGHT OF HABEAS DATA.

**THE RESPONSIBLE FOR THE TREATMENT: IP ACCESS TELECOMUNICACIONES S.A.S.**  
commercial company identified with NIT **800.044.547**, with address Avenida 4 N 7N 46 LC 335  
Centenario neighborhood, Santiago de Cali, Valle del Cauca Colombia

THE HOLDER / LEGAL REPRESENTATIVE OF PERSONAL DATA	
Identify:	Cédula <input type="checkbox"/> Passport <input type="checkbox"/> Cédula Extranjería <input type="checkbox"/> Nit: <input type="checkbox"/>
Full Name:	
City:	Telephone:
Department:	Email:
Address:	

I declare my intention to exercise my right of habeas data, in accordance with article 15 of the Political Constitution, Law 1581 of 2012 by which general provisions are issued for the protection of personal data and its regulatory decrees, **REQUEST IP ACCESS TELECOMUNICACIONES SAS**

Please identify the right you wish to exercise

Exercise the right to know:

My data stored in their databases.	
The Origin of my data.	
To whom my data has been transmitted and / or transferred.	
To whom it is intended to transmit and / or transfer my data.	
Any other data that has been obtained through any procedure, operation or treatment.	

**RECTIFICATION AND / OR UPDATE:** Exercise the right to update my personal data stored in its databases by:

Incompletes		Inaccurate		Inadequate		Excessive	
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Incorrect, inaccurate or incomplete data:	Correct, exact or complete data:

**DELETE INFORMATION:** The elimination of the following data, which are found in their databases:

Incompletes		Inaccurate		Inadequate		Excessive	
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Incorrect, inaccurate or incomplete data:	Dato correcto, exacto o completo:

**Note:**

(Please describe the situation in which the processing of your personal data occurs, for example: that you have received information about which you did not give your consent to receive, that you have been contacted by a program in which you did not register, etc.).

**OPPOSITION:** Manifest opposition regarding the processing of the following personal data:

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by virtue of which they have been used to:

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(Please describe the situation in which the processing of your personal data occurs, for example: that you have received information about which you did not give your consent to receive, that you have been contacted by a program in which you did not register , etc.).

**REVOCACTION OF AUTHORIZATION:** I declare that I wish to revoke my consent, however, if I have previously granted it, for the processing of my personal data regarding:

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(please describe the situation in which your personal data is processed, for example: that you have received information that you no longer wish to receive, that you have been contacted by a program in which you registered and from which you no longer want to be part).

**LIMITATION OF USE AND DISCLOSURE:** I declare that I wish to limit the use and disclosure of the personal data specified below, to that which is unavoidable in order to comply with the necessary purposes of the treatment:

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Sincerely,

NAME OF THE HOLDER AND / OR LEGAL REPRESENTATIVE. \_\_\_\_\_

FIRM. \_\_\_\_\_

IDENTIFICATION DOCUMENT. \_\_\_\_\_

DATE. \_\_\_\_\_