INFORMATIVE STATEMENT ON GDPR AND LSSI-CE

In accordance with the provisions of current legislation on Personal Data Protection, we hereby inform you that your data will be incorporated into the processing system owned by MEDICINA ORAL SL, with Tax ID number B96689336 with registered office at DANIEL BELACIART 4, 46020, VALENCIA, VALENCIA in order to facilitate, address and meet the commitments established between the two parties. In keeping with applicable regulations, MEDICINA ORAL SL informs users that their information will be maintained during the necessary period in order to fulfil the aforementioned conditions.

MEDICINA ORAL SL also informs its users that it will process the data in a lawful, honest, transparent, suitable, relevant, limited, accurate and updated manner. MEDICINA ORAL SL therefore, undertakes to implement all reasonable measures to ensure that personal data will be deleted or rectified without delay if inaccurate.

In accordance with the rights conferred to you by the current legislation on Personal Data Protection, you may exercise the rights of access, rectification, limitation of processing, deletion, portability and opposition by sending your request to the postal address indicated above or by writing an email to SECRETARIA@MEDICINAORAL.COM.

In addition, and in keeping with that established in Article 21 of Law 34/2002, of June 11, on Information Society Services and Electronic Commerce (LSSI-CE), we also request your express consent to send you publicity on our products or offers that we think may be of interest to you, whether via email or by any other equivalent means of communication.

	have	read	these	terms	and	conditions	and	l am	willing	to	receive	publicity	0
promotional information from MEDICINA ORAL SL.													
	have	read	these	terms	and	conditions	and	do n	ot wish	to	receive	publicity	0
promotional information from MEDICINA ORAL SL.													

We hereby inform you that you may revoke your consent to receive commercial mail by sending an email to the following address: SECRETARIA@MEDICINAORAL.COM.

First and last name or company name:

Personal ID number or Tax ID number:

Signature of Interested Party.