



Exercising your right of acces

Institution name: Centro de Investigación Biomédica en Red (CIBER).
Dirección: Monforte de Lemos 3-5, 28029 Madrid

Details of the interested party or legal representative

Mr./Ms.,
of age, whose address is Street/Square
nº....., Town/City Province.....
Post code holder of I.D. card no....., a copy of which is
enclosed, is hereby exercising their rights of access as laid down in Article 17 of
Act 19/2013, of 9th December on Transparency, Access to Public Information and
Good Governance, by which this is developed, and consequently
REQUEST,

To be given the right of access to the following information free of charge in at
most one month as from reception of this application, and to be sent by post the
information to the address given above in at most ten days as from the resolution
allowing the application for access:.....

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Done in.....this.....of..... 20.....
Signed