

DATA SUBJECT RIGHTS REQUEST FORM

A. DETAILS OF THE DATA SUBJECT / PERSON REQUESTING INFORMATION

Name _____
Surname First Name Middle Name

National ID / Passport No. _____ Telephone No. _____

Email Address _____

B. ARE YOU THE DATA SUBJECT?

Please tick the appropriate box and read the instructions which follow it.

YES: I am the data subject. I enclose proof of my identity (see below).

NO: I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity

Please provide a copy of one or both of the following:

1) Proof of Identity i.e. Passport, national identity card, or birth certificate.

2) Proof of Address

If we (data controller or data processor) are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

C. DETAILS OF THE DATA SUBJECT (IF DIFFERENT FROM SECTION A)

Name _____
Surname First Name Middle Name

National ID No. / Passport No. / Birth Certificate No. _____

Telephone No. _____ Email Address _____

D. DATA SUBJECTS RIGHTS TO BE FULFILED

Request for Erasure/Deletion/To Be Forgotten

Request for Access to Personal Data

Request for Rectification of Personal Data

Request for Portability

Right to Restrict Processing of Personal Data

Additional Rights

Opt-out of Direct Marketing Activities

E. REQUEST FOR ERASURE/DELETION/TO BE FORGOTTEN

Please supply us with the reason you wish your data to be erased and please attach any justifying documents to this one.

Please tick the appropriate box

You consider your personal data is no longer necessary for the purposes for which we originally collected it.

You no longer consent to our processing of your personal data.

You object to our processing of your personal data as is your right under section 36 of the Data Protection Act, 2019.

You feel your personal data has been unlawfully processed.

You feel we are subject to a legal obligation of a Member State that requires the erasure of your personal data.

You are a child, you represent a child, or you were a child at the time of the data processing, and you feel your personal data was used to offer you information society services.

Please describe the information you wish to erase. Please provide any relevant details you think will help us to identify the information.

Data to be Deleted/Erased/Not Processed

	Personal Information currently on file to be corrected e.g. name, residential status, and mobile number, email address.
1	
2	
3	
4	
5	
6	
7	

Please note that. In certain circumstances, where erasure would adversely affect the freedom of expression, contradict a legal obligation, act against the public interest in the area of public health, act against the public interest in the area of scientific or historical research, or prohibit the establishment of a legal defense or exercise of other legal claims, a request may be declined and given full reasons for that decision.

F. REQUEST FOR ACCESS

DESCRIPTION OF PERSONAL DATA REQUESTED

(Please state all the information available to you which will assist in processing your request)

Name / Type of record *(if known)* _____

Date of Record *(if known, actual or approximate)* _____

Subject / Contents of Record _____

Please state any other details that may be relevant to the processing of the request

If the requester is a person with disability, state the nature of disability (eg. visual, hearing) and type of format required.

I would like to: *(check all that apply)*

- Inspect the record
- Listen to the record
- Have a copy of the record made available to me in the following format:
 - Photocopy *(Please note that copying costs will apply)* number of copies required _____
 - Electronic
 - By email to _____
 - USB *(Please note that cost of USB will apply)*
 - Transcript *(Please note that transcription charges may apply)*
 - Translation into _____ *(Please note that translation charges may apply)*
 - Other *(specify)* _____

DELIVERY METHOD

Collection in Person

By Email *(provide email address if different / in addition to details provided above)*

By mail *(provide address if different / in addition to details provided above)*

P.O. Box and Code _____ Town / City _____

G. REQUEST FOR RECTIFICATION TO PERSONAL DATA

PROPOSED CHANGES

	Personal Information currently on file to be corrected e.g. name, residential status, and mobile number, email address.	The proposed change	Reason for the proposed change
1.			
2.			
3.			
4.			
5.			
6.			
7.			

H. REQUEST FOR RESTRICTION OF PROCESSING OF PERSONAL DATA

(Please provide detailed reasons for the restriction or objection)

a) _____

b) _____

c) _____

d) _____

e) _____

f) _____

g) _____

I. REQUEST FOR DATA PORTABILITY

Who should we provide the requested personal data to? * _____

Requestor's Name _____ Signature _____ Date _____

Data Subject's Name _____ Signature _____ Date _____

Other Party Name _____ Signature _____ Date _____

Please provide any relevant information that will help us identify and specifically locate your personal data.

J. DECLARATION

Please note that any attempt to mislead may result in prosecution.

I confirm that I have read and understood the terms of this Data Subject Rights Request form and certify that the information given in this application is true.

I the undersigned confirm that I have read and understood the terms of this Privacy Policy and hereby give express, unequivocal, free, specific and informed authority to use and process the rectified data or any personal data provided under this data subject rights request form pursuant to the terms of the privacy policy.

Name _____ Signature _____ Date _____

Documents which must accompany this application:

- 1.Evidence of your identity
- 2.Evidence of the data subject's identity (if different from above)
- 3.Authorization from the data subject to act on their behalf (if applicable) Date