**Data Subject Request Form (English)**

1. **Personal Information**

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth (DD/MM/YYYY) |  |
| Contact Number |  |
| Email Address |  |
| Current Address |  |

1. **Proof of Identity**

Please attach a copy of a valid photo ID, such as a passport or driver’s license.

1. **Request Details**

Are you making this request on behalf of someone else? (Please tick the appropriate box)

 [ ]  Yes [ ]  No

If yes, please provide proof of your authorization to act on behalf of the data subject.

1. **Type of Request: (Please tick the appropriate box)**

 [ ]  Access to personal data

 [ ]  Correction or update of personal data

 [ ]  Deletion of personal data

 [ ]  Restriction on processing of personal data

 [ ]  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Description of Request: (Please provide as much detail as possible to help us locate your personal data and understand the nature of your request.)**

|  |
| --- |
|  |

1. **Declaration:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name), declare that the information provided in this form is accurate and complete to the best of my knowledge, and that I am the person to whom the personal data relates or am authorized to act on behalf of that person. I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the organisation receiving the request, may need to request further information to verify my identity and process my request.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for Submission:**

Please complete this form and send it along with a copy of your proof of identity and any other required documents to:

**Data Protection Officer**

ER House

Vivéa Business Park

Moka

Or

**dataprotectionofficer@ergroup.mu**

If you have any questions or need assistance in completing this form, please contact our Data Protection Officer on the (230) 404 9500.