

Data Subject Request Form

I. Personal Information

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

II. Proof of Identity

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

III. 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.

IV. 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): _____

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

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VI. 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.