

Data Subject Request Form (English)

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.)

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.