

Submitter details

TITLE	
NAME (FULL NAME)	
ADDRESS	
EMAIL ADDRESS	
PHONE NUMBER	
MOBILE PHONE NUMBER	
DATE OF BIRTH	

Type of request

SELECT THE TYPE OF REQUEST YOU ARE MAKING	
<input type="checkbox"/>	Consent withdrawal – PLEASE SEE ADDITIONAL IHEED REQUEST WITHDRAWAL FORM
<input type="checkbox"/>	Access request
<input type="checkbox"/>	Rectification of personal data
<input type="checkbox"/>	Erasure of personal data
<input type="checkbox"/>	Restriction of processing of personal data
<input type="checkbox"/>	Personal data portability request
<input type="checkbox"/>	Objection to processing of personal data
<input type="checkbox"/>	Request regarding automated decision making and profiling

PERSONAL DATA INVOLVED

REQUEST DETAILS.

To help us search for the information you require, please let us know the data you require with as much detail as possible (e.g. details of X between <date> and <date>). If we do not receive sufficient information to locate the data you require, **we may be unable to comply with your request.**

REQUEST REASON/JUSTIFICATION

Is the information going to be sent to you, the data subject, or your representative?

To the data subject To the representative

If the data is sent to the representative, then sections 9 and 10 need to be filled out.

I confirm that I am the data subject

Signature: _____

Print Name: _____

Date:

I enclose a copy of my ID and address proof documents (including a government issued ID document).

If your information is to be sent to a representative, you must give written authorisation for the information to be released to your representative

I hereby give my authorisation for _____ (fill out the name of the authorised representative) to request access to my personal data.

Signature of Data Subject: _____

Print name: _____

(To be filled out by the representative of the data subject) I confirm that I am the authorized representative of the Data Subject.

Name of authorized representative and address where personal data is to be sent:

Signature:

Print Name: _____

Date:

We will make every effort to process your data subject access request as quickly as possible within 30 calendar days. However, if you have any queries whilst your request is being processed, please do not hesitate to contact us at this email address:

privacyofficer@iheed.org