

**Data Subject Request Form**

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| **Document Owner:** | **Stefan Ancilleri** |

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**Distribution**

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| **Name** | **Title** |
| Public |  |
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**Approval**

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| **Name** | **Position** | **Signature** | **Date** |
| Stefan Ancilleri | CIO | A close-up of a name  Description automatically generated | 08/05/2023 |

You have the right to request for personal data we may hold about you. This is known as a Data Subject Access Request ("DSAR"). A data subject is an individual who is the subject of the personal data. If you wish to make a DSAR, please complete this form and return to us by post or email.

If sending by post, please use the following address:

Centrecom Data Protection Officer
Unit F11, Level2
Mosta Technopark
Mosta MST 3000
Malta

If sending by email, please use the following address: dpo@centrecom.eu

Please write "Data Subject Access Request" in the subject field of the email.

**Fill in the below as applicable.**

|  |  |  |
| --- | --- | --- |
| **Company** |  | **Individual** |
| **Company Name** |  |  | **Full Name** |  |
| **Registration Number** |  |  | **ID Card Number** |  |
| **Company Address** |  |  | **Date of Birth** |  |
| **Representative Full Name** |  |  | **Postal Address** |  |
| **Representative Contact Number** |  |  | **Contact Number** |  |
| **Representative e-mail address** |  |  | **E-mail address** |  |

1. **Details of data requested.**

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1. **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., copies of emails 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:**

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1. **Is the information going to be sent to the data subject or his/her representative?**

To the data subject ☐

To the representative ☐

*If the data is sent to the representative, then questions 5 and 6 need to be filled out.*

1. **I confirm that I am the Data Subject.**

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

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

1. **(To be filled out if question 3 is answered with “To the representative”) The Data Subject (whose data is being requested) must give written authorisation for the information to be released to his/her authorised 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Data Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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Signature of representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. We will make every effort to process your data subject access request as quickly as possible within one month of receipt of the request. However, if you have any queries whilst your request is being processed, please do not hesitate to contact us at this email address: dpo@centrecom.eu

**For official use only. Request actioned by Centrecom DPO / GDPR Owner:**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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