

DATA SUBJECT RIGHTS REQUEST FORM

PLEASE COMPLETE ALL PARTS & USE BLOCK LETTERS

PART 1 – DETAILS OF DATA SUBJECT (PERSON MAKING REQUEST)

CONTACT DETAILS:

Full Name:

Address:

Contact Phone Number:

Email Address (where applicable):

PART 2 – DETAILS OF REQUEST

Please indicate which right(s) you wish to request by marking '√' in the appropriate box or boxes below:

Data Rights	Tick Applicable Request
Right to rectification	
Right to erasure	
Right to restrict processing	
Right to data portability	
Right to object	
Right not to be subject to automated processing or profiling	
Right to withdraw consent	

The details of my request are:

To assist us in responding to your request please provide details of your interactions with the Department and any specific identifiers e.g. previous addresses, reference numbers, date of birth etc.

The time period relating to my request:

PART 3 – VERIFICATION OF IDENTITY

In order for us to verify your identity please provide the following:

1. A copy of your photographic identification, such as:

☐ Valid International Passport

☐ Valid Driving License

☐ Valid Voters Card

☐ Valid National Identification Card

2. A copy of a recent (within 6 months) Utility Bill or Government issued letter

PART 4 - DECLARATION

I declare that all the details I have provided in this form are true and complete to the best of my knowledge.

Signature of Requester: _____

Date: ____ / ____ / ____

Please return the completed form to:

**Data Protection Officer
Department of Information Security and Social Capital Management
38, Commercial Avenue
Sabo Yaba, Lagos.**

Email: dataprotection@courtevillegroup.com

Further information: Check the Corporate website at **www.courtevillegroup.com**