



## DPG18 Data Restriction Request Form

### RESTRICTION REQUEST FORM

You have the right to restrict our processing of your personal information in certain circumstances. We ask that you complete this form so we can establish the details of your request and, where possible, implement your request.

If your request is valid, we will restrict our processing of your personal information unless you give your consent to us using it in the future, or we need to use it for other legal reasons.

Please complete your details below and sign where indicated. Send the completed form and proof of identity (by way of proof of your name, postal address and email address) to: GDPR Requests, Boon Agency, First Floor, 42, Upper Abbeygate Street, Galway, Ireland.

#### SECTION 1: Details of the person requesting information.

Full name:	
Address:	
Contact telephone number:	
Email address:	

#### SECTION 2: Are you the data subject?

Please tick the appropriate box and read the instructions which follow it.

YES: I am the data subject. I enclose proof of my identity (see below).

(please go to section 4)

NO: I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity (see below).

(please go to section 3)

To ensure we are deleting data relating to the right person we require you to provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image (do not send the originals) of one of both of the following:

1) Proof of Identity Passport, photo driving licence, national identity card, birth certificate.

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2) Proof of Address Utility bill, bank statement, credit card statement (no more than 3 months old); current driving licence; current TV licence; local authority tax bill, HMRC tax document (no more than 1 year old).

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

#### SECTION 3 Details of the data subject (if different from section 1)

Full name:	
Address:	
Contact telephone number:	
Email address:	

Please note that you must provide your own contact details and you must provide proof of your entitlement to act on the data subject's behalf.

#### SECTION 4

Please complete as much of the following information as you can

Uses of personal information to be restricted	Reason for restricting these uses of your personal information
Please make reference to the uses of personal information set out in our privacy notice	e.g. the personal information is inaccurate, our uses of it are unlawful, etc

We will make every effort to respond to you within 1 calendar month of the receipt of your request and valid identification documentation, but please note that this time may be extended to 3 months, when necessary, taking into account the complexity and number of requests.

Signature \_\_\_\_\_



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Date \_\_\_\_\_