RIGHT TO ERASURE REQUEST FORM

In accordance with the GDPR (General Data Protection Regulation), you are entitled to request us to erase any personal data we hold about you.

We will do our best to respond promptly and in any event within one month of our receipt of your written request, or our receipt of any additional information that we may ask you to provide toenable us to comply with your request.

The information that you supply in this form will only be used for the purposes of identifying the personal data that you request that we erase and responding to your request. You are not obligedto complete this form to make a request, but doing so will make it easier for us to process your request quickly.

Section 1: Details of the person requesting the data

Full name:

Address:

Contact number:

Email:

Section 2: Are you the data subject?

Please tick the appropriate box and read the instructions that follow it:

	YES: I am the data subject. I enclose proof of my identity (see below). *Please proceed 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 proceed to* ***Section 3****.*

To ensure that we are erasing data of the right person, we require you to provide us with proof of identity Please provide us with a photocopy or scanned image (not the originals) of:

- Proof of identity (e.g., passport, driver's license, national identity card, birth certificate)

Section 3: Details of the data subject (if different from section 1)

Full name:

Address:

Contact number:

Email:

Section 4: Reasons for erasure request

Given the sensitive nature of erasing personal data, GDPR Article 7(1) requires certain conditions to be met before a request may be considered. Please supply us with the reason you wish your data to be erased and please attached any justifying documents required.

Please tick the applicable box:

	You feel your personal data is no longer necessary for the purposes for which weoriginally collected it.
	You no longer consent to our processing of your personal data.
	You object to our processing of your personal data as is your right under Article 21 of the GDPR.
	You feel your personal data has been unlawfully processed.
	You feel we are subject to a legal obligation of the EU or Member State that requiresthe erasure of your personal data.
	You are a child, you represent a child, or you were a child at the time of the data processing, and you feel your personal data was used to offer you information societyservices.

Section 5: What information do you wish to erase?

Please describe the information you wish to erase. Please provide any relevant details you think will help us to identify the information. Providing the URL for each link you wish to be removed, if applicable, would be helpful. Also please explain if not already clear, why the linked page is aboutyou or the person you are representing.

Please note that in circumstances where erasure would adversely affect the freedom of expression, contradict legal obligation, act against the public interest in the area of public health,act against public interest in the area of scientific or historical research, or prohibit the establishment of a legal defense or exercise of other legal claims, we may not be able to erase the information you requested in accordance with Article 17(3) of the GDPR. In such cases, you will be informed promptly and given reasons for that decision.

Section 6: Declaration

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application to CMAC Healthcare Consulting & Financial Services/Reserve Trading 10/ CMAC Motor, Household & business Insurance is true. I understand that it is necessary for CMAC Healthcare Consulting & Financial Services/Reserve Trading 10/ CMAC Motor, Household & business Insurance to confirm my/the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

Signed at _____ Date: _____

_____
Signed by data subject:

Signature of the Data subject

DOCUMENTS WHICH MUST ACCOMPANY THIS APPLICATION:

1. Evidence of your identity (*see* ***Section 2***)
2. Evidence of the data subject's identity (if different from above)
3. Authorisation from the data subject to act on their behalf (if applicable)
4. Justification for erase (*see* ***Section 4***)
5.

FOR INTERNAL USE ONLY

Request actioned:

_____

Data Protection Officer Date: _____