



DATA ERASURE REQUEST FORM

You have the right to have your personal information deleted in certain circumstances, under the Data Protection Act 1998 (DPA) and will continue to be under the EU General Data Protection Regulation 2018 (GDPR), we ask that you complete this form so we can determine the details of your request and, where applicable, implement your request.

If your request is valid, we will delete the information requested, unless we are required by law to keep it - in this case we will advise you of what we are keeping, and the reasons why.

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, The Connacht Hotel, Dublin Road, 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.



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

Personal Information Currently on File to be deleted	Reason why that personal information should be deleted
e.g. name, mobile number, email address	e.g. is the information inaccurate or out of date?

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 _____

Date _____