#### **DPG19 Data Portability Request**



#### PORTABILITY REQUEST FORM

Where we use your personal information to fulfil our contractual obligations to you, or where you have consented to our use of your personal information, you have the right to 'port' any such personal information you provide to us. This means you have the right to receive a copy of it in a machine-readable format and to have it transmitted to another company. We ask that you complete this form so we can determine the details of your request and implement your request.

This process will provide you with certain personal information that you have provided to us in a format that can be read electronically, and, if you wish this, can be sent to another data controller.

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:		
	<u> </u>	
SECTION 2: Are you the	data subject?	
Please tick the appropriate b	ox and read the instructions which	ch follow it.
YES: I am the data subj	ect. I enclose proof of my identit	y (see below).
(please	e go to section 4)	
<del>-</del>	half of the data subject. I have en of the data subject's identity and	
(please	e go to section 3)	
with proof of your identity a	ata relating to the right person w nd of your address. Please supply the originals) of one of both of th	us with a photocopy or
	, photo driving licence, national i	-
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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)**

			<u> </u>
Full name:			
Address:			
Contact tolonhone			
Contact telephone number:			
Email address:			
Please note that you must provid	e vour own conta	ct details and you	u must provide proof of your
entitlement to act on the data su	•	ict actails and you	a mast provide proof of your
	•		
SECTION 4			
Please complete as much of the f	ollowing informa	tion as you can	
To help us to respond to your request as quickly as possible, please provide as much detail as possible regarding the personal information you seek. If you wish to 'port' all applicable personal information, please write 'all' below			tact details of companies to should be transmitted.
e.g. all information I have uploaded to the website; payment details; or billing and delivery addresses.			
We will make every effort to resp	ond to you within	l n 1 calendar mon	th of the receipt of your request
·	•		ne may be extended to 3 months,
when necessary, taking into acco	unt the complexit	ry and number of	requests.
Signature	Da	te	
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