## DATA SUBJECT ERASURE REQUEST (DSER) FORM "THE RIGHT TO BE FORGOTTEN"

FOR COMPLIANCE WITH GDPR (MAINLY ARTICLE 17)

- Data Subject Erasure Requests (DSERs) can be made for or on behalf of a Data Subject (You) to a Data Controller (i.e. a
  person/entity who you reasonably believe is processing personal data belonging to You), in this case, Apcopay with its
  address at Apcopay Limited, Nineteen Twenty Three, Valletta Road, Marsa, MRS 3000.
- 2. Subject to certain exceptions, such Right to Be Forgotten allows You to request that Your personal data is erased.
- 3. Data Protection legislation caters for limitations and exceptions to the Right of Access. Prior to any disclosure resulting from an SAR the Controller must evaluate whether any such limitation or exception applies. Where exceptions are deemed to apply, You will be informed.
- 4. The Data Controller may request You to provide information to verify your identity.
- 5. The Data Controller may request You to provide more granular information to facilitate the sourcing of personal data which You believe may be processed by the Data Controller.
- 6. A Data Controller must provide information on action taken on a request to You without undue delay and in any event within one (1) month of receipt of the request. This may be extended for a further two (2) months where necessary in which case You will be informed.
- 7. You have the right to lodge a complaint with the supervisory authority.
- 8. This form must be forwarded to our Data Protection Officer, at the following email address: <a href="mailto:dataprivacy@apcopav.com">dataprivacy@apcopav.com</a>.
- 9. For any queries, please contact us, at the following email address: <a href="mailto:dataprivacy@apcopay.com">dataprivacy@apcopay.com</a>.

## **DATA SUBJECT DECLARATION**

I,, the undersigned and the personaking this request, confirm that the information provided in this Form is correct and to and assume full responsibility in case of error or omission.					
Signature Name + Surname	Date				

## **DATA SUBJECT DETAILS:**

Please insert the details of the person to whom the personal data relates and in relation to whom the SAR is being made.

WHOTH the SAN is being that	ис.					_		
Title	Mr 🗆	Mrs. 🗆	Ms □	Other: $\square$				
Name + Surname		•	•			•		
Current address								
Mobile number								
Email address								
Date of birth								
Details of identification								
provided to confirm								
name of data subject								
Please provide details of								
personal data of which erasure is being								
requested								
requesteu								
Period (specify dates) of								
data requested to be								
erased								
Please clarify which of the following grounds is			GROUND			Tick as		
being applied by You to			GROUND			applicable		
raise the erasure request	You consid	der the nerso	nal data to	have been <b>unlav</b>		аррпсавте		
	processed	•	mar aata to	mave been amav	,			
	You consid	der the perso	nal data as	no longer neces	sary in			
	relation to	the purpose	es for which	n they are collecte	ed or			
		processed;						
				the processing is I				
				for the processi				
	11 '	•	•	ed out on the bas <b>terest'</b> and there				
	11 -	-	•	the processing.	are no			
	<del>                                   </del>			ed out for <b>direct</b>				
	11 *	g purposes;						
			personal da	ta were collected	in			
	11		informatio	n society service	s			
	directly to	a child.						
	, .							
Relationship with Data Controller	l (e.g. empl	oyee, client,	supplier,	etc)				
Controller								
	<u> </u>							
DETAILS OF PERSON REQU	ESTING THE	INFORMA	ΓΙΟΝ:					
Are you the Data Subject?						No 🗆		
Are you acting on behalf o	Are you acting on behalf of the Data Subject with their [written] or other Yes \subseteq No \subseteq							
legal authority?	legal authority?							

	If 'Yes' please state your relationship with the Data Subject (e.g. parent, legal									
	guardian, lawyer etc)									
	Please enclose proof that you are legally authorised to request this personal data.									
	Title	Mr 🗆	Mrs.	Ms 🗆	Other:					
ı	Name + Surname									
	<b>Current Address</b>									
	Telephone number									
	Mobile number									
	Email address									
Please attach relevant documents as proof of correct information.										
	·									
S	ignature:				Date:					