

## OBJECTION TO PROCESSING FORM

You have the right to object to our processing of your personal information in certain circumstances. 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 cease processing your personal information for the purposes to which you object.

Please complete your details below and sign where indicated. Send the completed form and proof of identity (by way of proof of your name and your address) to **Data Controller, Grand Hotel, Malahide, County Dublin, K36 XT65, Ireland**

**Agents of the requestor:** 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.

<b>Please complete as much of the following information as you can:</b>	
<b>Full name of data subject:</b>	(title)      (First)                      (Surname)
<b>Present Address:</b>	
<b>Street</b>	
<b>Town</b>	
<b>County</b>	
<b>Postcode</b>	
<b>Other contact details:</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>Mobile</b>	

<b>Details of the Agent or Requestor (if any)</b>	
Name:	
Address:	
Phone Number:	
Email address	
Proof of entitlement to act (enclose authorisation)	



<b>Uses of personal information that you object to</b>	<b>Reason for objecting to these uses of your personal information</b>
<i>Please make reference to the uses of personal information set out in our privacy notice</i>	<i>e.g. our uses of the personal information are unlawful, specifying precisely why; you no longer want to receive direct marketing messages from us</i>

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: \_\_\_\_\_