

RESTRICTION REQUEST FORM

You have the right to restrict our processing of your personal information in certain circumstances. We ask that you complete this form so we can establish the details of your request and, where possible, implement your request.

If your request is valid, we will restrict our processing of your personal information unless you give your consent to us using it in the future, or we need to use it for other legal reasons.

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.

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

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

Uses of personal information to be restricted	Reason for restricting these uses of your personal information
<i>Please make reference to the uses of personal information set out in our privacy notice</i>	<i>e.g. the personal information is inaccurate, our uses of it are unlawful, etc.</i>
Uses of personal information to be restricted	Reason for restricting these uses of your personal information

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 _____