

ERASURE REQUEST FORM

You have the right to have your personal information deleted 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 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 and 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) | |



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e.g. is the information inaccurate or out of date?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