

## 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 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>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</b>	<b>Names and contact details of companies to which that data should be transmitted</b>
<i>e.g. all information I have uploaded to the website; payment details; or billing and delivery addresses.</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 \_\_\_\_\_