# APPENDIX 1

**Data Subject Access Right Form**

***Note: By completing this form, you consent that Consolidated Hallmark Holdings Plc* (CHH) *would use your personal data to process your request and provide you with relevant response to your inquiries.***

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| Your rights as a data subject can be exercised by completing this form and submitting via an email or to the address at the bottom of this form |
| In Person By Proxy |
| Date / /20  |
| **Details of the Person Requesting Information** |
| Full Name: |
| Date of Birth: | Telephone No: |
| Contact Address: |
|  |
| **Details of Proxy (If Applicable)** |
| **Surname/ Family Name:** |
| **First Name(s)/Forenames:** | **Telephone No:** |
| **Date of Birth:** | **Email Address:** |
| **Contact Address:** |
| **Relationship to the data subject:** |
| *A Proxy must enclose a copy of a power of attorney or data subject’s written authority and proof of the data subject’s identity and proxy’s identity (such as Passport, driving license, national identity card, birth certificate etc.)* |
| **Any other Information that may help us** |
| ***Please tick the appropriate box and read the instructions which follow it:***Right of Access [ ] Right to Erasure [ ]Right to Object [ ] Right to Portability [ ]Right to Rectification [ ] Right to Restriction of Process [ ] |

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| **Details of Request:** *Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require.* |
| **Preferred Medium of Feedback***Please tick the appropriate box below:** Email as provided in our database [ ]
* Formal letter dispatched to Correspondence Address as provided in our database [ ]
* Consolidated Hallmark Holdings Plc Head Office [ ]
 |
| I confirm that I have read and understood the CHH Data Privacy Policy available at ***[Insert link to the webpage]***. In consideration of all the information stated herein, I certify that the information provided in this form is correct to the best of my knowledge and that I am the person to whom it relates.**Name:****Signature: Date:** |
| ***For postal requests, please return this form to:***Data Protection Officer Consolidated Hallmark Holdings Plc 266 Ikorodu Road Obanikoro LagosAll email Requests should be sent to info@chhplc.com |