# 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 Lagos  All email Requests should be sent to [info@chhplc.com](mailto:info@chhplc.com) |