

**Data Subject Access Right Form**

**Note: By completing this form, you consent that Black Pelican Group. (Black Pelican Group) would use your personal data to process your request and provide you with relevant response to your inquiries.**

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 <input type="checkbox"/>	By Proxy <input type="checkbox"/>
Date __/__/20__	
<b>Details of the Person Requesting Information</b>	
Full Name:	
Date of Birth:	Telephone No:
Contact Address:	
<b>Details of Proxy (If Applicable)</b>	
Surname/ Family Name:	
First Name(s)/Forenames:	Telephone No:
Date of Birth:	Email Address:
Contact Address:	
<b>Relationship to the data subject:</b>	
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 licence, national identity card, birth certificate etc)	
<b><u>Any other Information that may help us</u></b>	
<b>Please tick the appropriate box and read the instructions which follow it:</b>	
Right of Access [ ]	Right to
Erasure [ ]	
Right to Object [ ]	Right to
Portability [ ]	
Right to Rectification [ ]	Right to Restriction
of Process [ ]	

**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 [  ]*
- *Black Pelican Group. Head Office [  ]*

*I confirm that I have read and understood the Black Pelican Group Data Subject Access Request Policy and the Data Privacy and Protection Policy. 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*

**Black Pelican Group.**

*1A Goshen Estate*

*Lekki Epe Expressway,*

*Lagos.*

*All email Requests should be sent to [INSERT EMAIL OF DPO]*