

DATA CORRECTION/UPDATE REQUEST FORM

You have the right to correct and update any personal information about you that is inaccurate. 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 correct and update the information requested.

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**

Please also provide any documentation you have to prove that the information you wish to update needs to be updated or corrected.

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 requestor's behalf.

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|---|---------|---------|-----------|
| 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) | |



| Category of personal information | Personal Information Currently on File | Corrected Personal Information |
|---|---|---------------------------------------|
| <i>e.g. name, address.</i> | | |
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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 _____