



ERASURE REQUEST FORM

I. DATA SUBJECT INFORMATION

FULL NAME	
ADDRESS	
EMAIL ADDRESS	
MOBILE NUMBER	

II. DESCRIPTION OF INFORMATION REQUESTED FOR ERASURE *(Please provide sufficient details about the personal data you are requesting for erasure. Use a separate sheet if necessary.)*

III. GROUND/S FOR ERASURE REQUEST *(Make appropriate boxes as applicable and provide/attach substantial proof.)*

<input type="checkbox"/> Personal data is:	<input type="checkbox"/> incomplete	<input type="checkbox"/> outdated	<input type="checkbox"/> false or	<input type="checkbox"/> unlawfully obtained.
Details: _____				
<input type="checkbox"/> Personal data is used for an unauthorized purpose/s.				
Details: _____				
<input type="checkbox"/> Personal data is no longer necessary for the purpose/s for which they were collected.				
Details: _____				
<input type="checkbox"/> Withdrawal of consent or objection to the processing <i>(and there are no other applicable lawful criteria for processing).</i>				
Details: _____				
<input type="checkbox"/> Personal data concerns private information that is prejudicial to data subject.				



Details: _____
<input type="checkbox"/> Processing is unlawful.
Details: _____
<input type="checkbox"/> The personal information controller (PIC) or personal information processor (PIP) violated your rights as a data subject.
Details: _____

IV. DECLARATION

I declare that this form is accomplished by the undersigned and is a true, correct, and complete statement of the information contained herein. I also authorize (NAME OF PERSONAL INFORMATION CONTROLLER) to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME

V. AUTHORIZED REPRESENTATIVES

FULL NAME	
ADDRESS	
EMAIL ADDRESS	
MOBILE NUMBER	

I declare that this form is accomplished by the undersigned as the authorized representative of the data subject. It is a true, correct, and complete statement of the information contained herein. Enclosed is the proof of the authority to act on behalf of the data subject. I authorize (NAME OF PERSONAL INFORMATION CONTROLLER) to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME



FOR INTERNAL USE ONLY

RECEIVED BY:	REMARKS:
DATE RECEIVED:	

** PICs shall only require information that is necessary to the request and to confirm the identity of the requesting individual or his/her authorized representative, taking into consideration the principle of proportionality.*