

Request to Erase Personal Data Form

1. Details of the person requesting information		
Full Name of Data Subject:		
Address: Town Post Code: Country Contact Telephone Number: Email Address:		
2. Are you the data subject?:		
Yes	No 🗌	
I am the data subject. I enclose proof of my identity (see below).	I am acting on behalf of the data subject. I have enclosed the data subject's written	
Please go to section 4	authority and proof of the data subject's identity and my own identity (see below).	
	Please go to section 3	
Data Controller Statement: To ensure we are erasing data of the right person we require you to provide us with proof of your identity and your address. Please supply us with a photocopy or scanned image (do not send originals) of one or both of the following		
 a. Proof of Identity Passport, photo drivers' licence, national identity 	card, birth certificate	
 b. Proof of Address Utility bill, bank statement, credit card statement current driver's licence; 	(no more than 3 months old);	
If we are not satisfied you are who you claim to be refuse to grant your request.	pe, we reserve the right to	



3. Details of the data subject (if different from section 1)		
Full Name: Address:		
Town	Post	
	Code Country Email Address:	
4. Reason for erasure request Given the sensitive nature of erasing personal data, GDPR Article 17(1) requires certain conditions to be met before a request may be considered. Please supply us with the reason you wish your data to be erased and please attach any justifying documents to this form.		
Please tick the appropriate box:		
	You feel your personal data is no longer necessary for the purposes for which we originally collected it.	
	You no longer consent to our processing of your personal data.	
	You object to our processing of your personal data as is your right under Article 21 of GDPR.	
	You feel your personal data has been unlawfully processed.	
	You feel we are subject to a legal obligation of the EU or member State that requires the erasure of your personal data.	
	You are a child, you represent a child, or you were at the time of the data processing, and you feel your personal data was used to offer you information society services.	



5. What information do you wish to erase?

Please describe the information you wish to erase. Please provide any relevant details you think will help us to identify the information. Providing the URL for each link you wish to be removed would be helpful.

Also, please explain, if it is not abundantly clear, why the linked page is about you, or the person you are representing on this form.

Please note that. In certain circumstances, where erasure would adversely affect the freedom of expression, contradict a legal obligation, act against the public interest in the area of public health, act against the public interest in the area of scientific or historical research, or prohibit the establishment of a legal defence or exercise of other legal claims, we may not be able to erase the information you requested in accordance with article 17(3) of the GDPR. In such cases you will be informed promptly and given full reasons for that decision.

While in most cases we will be happy to erase the personal data you request, we nevertheless reserve the right, in accordance with Article 12(5) of the GDPR, to charge a fee or refuse the request if it is considered to be "manifestly unfounded or excessive." However we will make every effort to provide you with the erasure of your personal data if suitable.

6. **Declaration**

Please note that any attempt to mislead may result in prosecution.

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application to The Jarrett Foundation is true. I understand that it is necessary for The Jarrett Foundation to confirm my/the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

Signature: Date:

Documents which must accompany this application:

- Evidence of your identity (see section 2)
- Evidence of the data subject's identity (if different from above)
- Authorisation from the data subject to act on their behalf (if applicable)
- Justification for erasure of data (see section 4)

Authors Name: Dr. Errord Jarrett Managers Name: Dr. Pearl Jarrett Page 3 of 4



Internal Use: The Jarrett Foundation
Date of Receipt of data erasure request:
Conformation of data authiopt's identity
Conformation of data subject's identy:
Review of data erasure request:
Action and Outcome and Date of erasure request:
The second control of
Name:Date:
Name.
Signature:

https://thejarrettgroup-my.sharepoint.com/personal/errord_jarrettmedtech_com/Documents/3. JARRETT FOUNDATION/POLICIES/DATA PROTECTION/2022_Request to Erase Personal Data Form_Data Protection_The Jarrett Foundation.docx

Please give this incident report to The Jarrett Foundation via email to info@jarrettfoundation.org. Do not copy it.

You have a duty to follow this up with the organisation to check that it has been received, logged and actioned. Your duty does not end with passing on the report.

Thank you