



Data Subject Request Form

To exercise rights as per Data Protection Act 2017 and GDPR

Each of the rights listed below may be exercised by submitting this request online or by downloading and submitting it to the MNS office or by e-mail to dpo@mns.mu. Please complete in block letters and tick "X" where necessary. Fields marked with * are required for the application to be processed.

Request shall be processed upon positive identification and submission of required documents to us.

Please complete in block letters and tick as appropriate. Fields marked with * are required for the application to be processed.

Request being made in person:

Proxy:

(in case of proxy, consent of data subject is required to be attached to this request)

Data Subject's Data

First Name(s)*:

Last Name*:

NIC/Passport Number*:

Telephone:

Email:

With regard to*:

Right of access to my personal data

Right to have my personal data erased

Right to refuse to automated decision making/profiling

Right to rectify/update my personal data

Right to restriction

Right to object

Right to data portability

Right to withdraw consent

Application form continued

Further description of the request

Please describe your request in more details, include reason for the request and any details to help us understand and better respond to you. E.g., details of what processing to restrict or erased.

Preferred way of feedback on the request*:

By email

In writing

Other (please mention):

Signature*:

Date*:

For Office Use:

The identity of the above data subject has been verified and confirmed:

Name of Officer:

Signature:

Date:

DPO signature:

Data Protection Officer (DPO) contact details for any queries relating to data protection or complaints.

Email: dpo@mns.mu