



DATA SUBJECT REQUEST FORM

1. **Date of Request:** _____
2. **Full Name of Data Subject:** _____
3. **Request Type:**
 - Access to personal data
 - Rectification (correcting data)
 - Erasure / Deletion
 - Restriction of processing
 - Data Portability
 - Update of Personal Data
 - Objection to processing
 - Other (please specify): _____
4. **Means of Communication:**
 - Email: _____
 - In-person
 - Portal / Online submission
 - Other: _____
5. **Categories and Types of Personal Data Requested:**
 - Contact Information (name, email, phone)
 - Financial / Transaction Records
 - Account / Membership Information
 - Other: _____
6. **Request Validity Check (to be completed by organization):**
 - Yes
 - No

Comments: _____
7. **Identity Verification (to be completed by organization):**
 - Verified
 - Not Verified

Comments: _____

Declaration:

I confirm that the information provided is accurate and that I am the data subject or an authorized representative.

Signature: _____

Date: _____