DATA SUBJECT RIGHTS REQUEST (DSRR) FORM

Each of the rights listed below may be exercised by submitting this request to the Data Protection Officer at dpo@cim.mu.

Request will be processed upon positive identification and submission of the required documents to **CIM Group.**

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

Request being made in person: ☐

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

With regard to:

Right of Access	☐	Right to Withdraw Consent	☐
Right of Rectification	☐	Right to Object to Direct Marketing	☐
Right to Object	☐	Right to Erasure	☐

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 what personal data to be erased.

Data Subject's Data

Title	Mr. ☐	Mrs. ☐	Miss ☐
Full Name			
Residential Address			
Contact Number			
Email Address			

Proxy Details

Please state your relationship with the data subject (e.g., parent, legal guardian, or solicitor)			
Title	Mr. ☐	Mrs. ☐	Miss ☐
Full Name			
Residential Address			
Contact Number			
Email Address			

Preferred way of feedback on the request*:

☐ By email ☐ Letter sent by post ☐Other (please mention): Click or tap here to enter text.

Signature: Date:

For Office Use:

The request is a valid one and the identity of the requester has been confirmed:

☐ Yes ☐ No

Date: Signature: