

DATA SUBJECT ERASURE REQUEST FORM

“THE RIGHT TO BE FORGOTTEN”

FOR COMPLIANCE WITH GDPR (MAINLY ARTICLE 17)

1. Data Subject Erasure Requests can be made for or on behalf of a Data Subject (**You**) to a Data Controller (i.e. a person/entity who you reasonably believe is processing personal data belonging to You).
2. Subject to certain conditions and exceptions, such Right to Be Forgotten allows You to request that Your personal data is erased.
3. Data Protection legislation caters for limitations and exceptions to the Right of Erasure. Prior to carrying out any erasure the Data Controller must evaluate whether any such limitation or exception applies. Where exceptions are deemed to apply, You will be informed.
4. Carrying out an erasure is at no cost to You. However, if the request is manifestly unfounded or excessive the Controller has an option to charge a reasonable fee or refuse to act upon the request, in which case you will be informed.
5. The Data Controller may request You to provide information to verify your identity.
6. A Data Controller must provide information on action taken on a request to You without undue delay and in any event within one (1) month of receipt of the request. This may be extended for a further two (2) months where necessary – in which case You will be informed.
7. If you are not satisfied, you have the right to lodge a complaint with the supervisory authority.
8. This form must be forwarded to Hili Logistics Limited’s Data Protection Officer in the following manner: dataprivacy@hililogistics.com or by mail to Hili Logistics Limited, Nineteen Twenty Three, Valletta Road, Marsa, MRS3000 Malta.
9. For any queries please contact Hili Logistics Limited’s Data Protection Officer in the following manner: dataprivacy@hililogistics.com or by mail to Hili Logistics Limited, Nineteen Twenty Three, Valletta Road, Marsa, MRS3000 Malta.

DATA SUBJECT DECLARATION

I, _____, the undersigned and the person making this request, confirm that the information provided in this Form is correct and true and assume full responsibility in case of error or omission.

Signature _____

Date _____

Name + Surname _____

DATA SUBJECT DETAILS:

Please insert the details of the person to whom the personal data relates and in relation to whom the SAR is being made.

Title	Mr <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms <input type="checkbox"/>	Other: <input type="checkbox"/>
Name + Surname				
Current address				
Telephone number				
Mobile number				
Email address				
Date of birth				
Details of identification provided to confirm name of data subject				
Please provide details of personal data of which erasure is being requested				
Please clarify which of the following grounds is being applied by You to raise the erasure request	GROUND	Tick as applicable		
		<input checked="" type="checkbox"/>		
	1. You consider the personal data to have been unlawfully processed ;	<input type="checkbox"/>		
	2. You consider the personal data as no longer necessary in relation to the purposes for which they are collected or otherwise processed;	<input type="checkbox"/>		
	3. You withdrew consent on which the processing is based and there is no other legal ground for the processing;	<input type="checkbox"/>		

	4. You object to the processing carried out on the basis of ' public interest '; or ' legitimate interest ' <i>and</i> there are no overriding legitimate grounds for the processing.	<input type="checkbox"/>
	5. You object to the processing carried out on for direct marketing purposes ;	<input type="checkbox"/>
	6. You consider that the personal data has to be erased for compliance with a legal obligation in EU or Member State law to which the Data Controller is subject;	<input type="checkbox"/>
	7. You consider that the personal data were collected in relation to the offer of information society services directly to a child .	<input type="checkbox"/>
Relationship with Data Controller	<i>(e.g. employee, client, supplier, etc)</i>	

DETAILS OF PERSON REQUESTING THE INFORMATION:

Are you the Data Subject?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you acting on behalf of the Data Subject with their [written] or other legal authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' please state your relationship with the Data Subject (e.g. parent, legal guardian, lawyer etc)	
Please enclose proof that you are legally authorised to request this personal data.	
Title	Mr <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Other: <input type="checkbox"/>
Name + Surname	
Current Address	
Telephone number	
Mobile number	
Email address	

The Controller reserves the right to verify the above information.