

Delegation Form		
Information about the Data Subject		
Full name		
Address		
Information about the Delegate (authorized person to submit on behalf of Data Subject)		
Full name		
Address		
The Data Subject, named above, gives consent to the Delegate identified to [check all that apply]:		
exercise their right [strike out the items that <u>do not</u> apply] of access their personal data to prevent processing of their personal data in relation to automated decision taking to rectify any inaccuracy in their personal data		
give or withhold consent regarding the [strike out the items that <u>do not</u> apply] processing of their personal data for all activities processing of their personal data for the purpose of direct marketing processing of their personal data for the following activity/ies: [specify the activity/ies] 		
This authorization is given in respect of personal data being processed by [strike out the item that <u>does not</u> apply]:		
all data controllers		
a specific data controller (specify the details of the data controller below)		
Details of the specific Data Controller as indicated above		
Name		
Address		
Phone number		
Email		
Period of validity of delegation		
Signature of data subject:		
Date		
Signature of Justice of the Peace/Notary Public (if required)		
Date		