



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 dataprotection@mccibs.ac.mu. Please complete in block letters and tick “X” where necessary.

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

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 the data subject is required to be attached to this request)

With regard to:

- | | | | |
|------------------------|--------------------------|-------------------------------------|--------------------------|
| Right of Access | <input type="checkbox"/> | Right to Withdraw Consent | <input type="checkbox"/> |
| Right of Rectification | <input type="checkbox"/> | Right to Object to Direct Marketing | <input type="checkbox"/> |
| Right to Object | <input type="checkbox"/> | Right to Erasure | <input type="checkbox"/> |

<p>Further description of the request</p> <p>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.</p>	
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Data Subject's Data

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
Name			
Current address			
Contact number			
Email address			

Proxy Details

Please state your relationship with the data subject (e.g., parent, legal guardian or solicitor)			
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
Name			
Current Address			
Contact Number			
Email Address			

Preferred way of feedback on the request*:

By email In writing Other (Please mention)

Signature:

Date:

For Office Use:

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

Yes No

Date:

Signature: