



**HILI
VENTURES**

DATA SUBJECT ERASURE REQUEST ('DER') FORM

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“The Right to be Forgotten”

For compliance with GDPR (mainly Article 17)

Data Subject Erasure Requests (DERs) 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), in this case, in this case, Hili Ventures Ltd with its address at Nineteen Twenty Three, Valletta Road, Marsa, MRS 3000.

1. Subject to certain exceptions, such Right to Be Forgotten allows You to request that Your personal data is erased.
2. 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.
3. The Data Controller may request You to provide information to verify your identity.
4. 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.
5. You have the right to lodge a complaint with the supervisory authority.
6. This form must be forwarded to our Data Protection Officer, at the following email address: dataprivacy@hiliventures.com
7. For any queries, please contact us, at the following email address: dataprivacy@hiliventures.com

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 (i.e. the **Data Subject**) and in relation to whom the DER 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				

<p>Please clarify which of the following grounds is being applied by You to raise the erasure request</p>	<p>GROUND Tick as applicable</p> <p>You consider the personal data to have been unlawfully processed; You consider the personal data as no longer necessary in relation to the purposes for which they are collected or otherwise processed; You withdrew consent on which the processing is based and there is no other legal ground for the processing; 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. You object to the processing carried out for direct marketing purposes; You consider that the personal data were collected in relation to the offer of information society services directly to a child.</p>
<p>Relationship with Data Controller</p>	<p><i>(e.g. employee, client, supplier, etc)</i></p>

DETAILS OF PERSON REQUESTING THE INFORMATION:

Please insert the details of the person making the DER.

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

Please attach relevant documents as proof of correct information.

Signature: _____

Date: _____

The Controller reserves the right to verify the information provided in this form.