* + 1. **FORM NO. 2a**

**DATA CORRECTION/UPDATE REQUEST FORM**

You have the right to correct and update any personal information about you that is inaccurate. We ask that you complete this form, so we can determine the details of your request and, where applicable, implement your request.

If your request is valid, we will correct and update the information requested.

Please complete your details below and sign where indicated. Please be aware that we may require proof of identity from you before a valid correction can be made to your personal data.

In the event that proof of identity is needed (by way of proof of your name and your address), we will notify you and request that it be sent to the data protection officer at **dpo@sinnfein.ie**. Proof of identity consists of a copy of your passport or driving licence AND a copy of a recent bank statement or utility bill. You will be asked to redact all detail from the bank statement or utility bill except the letterhead and your name and address. You will be asked to redact all personal data (including your image) from your passport or driving licence except your name.

Please also provide any documentation you have to prove that the information you wish to update needs to be updated or corrected.

**Agents of the requestor (if any)**: Please note that you must provide your own contact details and you must provide proof of your entitlement to act on the requestor’s behalf.

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| --- | --- |
| **Please complete as much of the following information as you can:** | |
| **Full name of data subject:** | (Title) (First) (Surname) |
| **Present Address:** |  |
| Street |  |
| Town |  |
| County |  |
| Postcode |  |
| Other contact details IF YOU HAVE ALREADY GIVEN US SUCH DETAILS:\*(optional) may allow us to confirm your identity and remove need for redacted copies of identity/proof of address documents |  |
| Telephone |  |
| Email |  |
| Mobile |  |

|  |  |
| --- | --- |
| **Details of the Agent or Requestor (if any)** |  |
| Name: |  |
| Address: |  |
| Phone Number: |  |
| Email address |  |
| Proof of entitlement to act (enclose authorisation) |  |

|  |  |  |
| --- | --- | --- |
| **Category of personal information** | **Personal Information Currently on File** | **Corrected Personal Information** |
| *e.g. name, address.* |  |  |
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We will make every effort to respond to you within 1 calendar month of the receipt of your request and valid identification documentation, but please note that this time may be extended to 3 months, when necessary, taking into account the complexity and number of requests.

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Data Protection Compliance Coordinator