For Compliance with GDPR (mainly Article 16)

**DATA SUBJECT RECTIFICATION REQUEST (‘DSRR’) FORM**

1. Data Subject Rectification Requests (DSRRs) 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, PTL Ltd with its address at PTL Ltd, Nineteen Twenty-Three, Valletta Road, Marsa, MRS 3000.
2. Subject to certain exceptions, DSRRs allow You to request rectification of inaccurate or incomplete Personal Data. Each request must be made on a case-by-case basis, and in some cases (such as historical recorded opinions or mistakes), the Personal Data as such may not be amended, but You will be granted an opportunity to insert a clarification for the record, allowing the Personal Data to be read in an accurate and complete manner.
3. Data Protection legislation caters for limitations and exceptions to the Right of Access. Prior to any disclosure resulting from a DSRR the Controller must evaluate whether any such limitation or exception applies. Where exceptions are deemed to apply, You will be informed.
4. The DRR is at no cost to You. However, where DSRRs are manifestly unfounded or excessive the Controller has an option to charge a reasonable fee or refuse to act upon the request.
5. The Data Controller may request You to provide information to verify your identity.
6. The Data Controller may request You to provide more granular information to facilitate the sourcing of personal data which You believe may be processed by the Data Controller.
7. 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.
8. You have the right to lodge a complaint with the supervisory authority.
9. This form must be forwarded to our Data Protection Officer, at the following email address: [dataprivacy@ptl.com.mt](mailto:dataprivacy@ptl.com.mt)
10. For any queries, please contact us, at the following email address: [dataprivacy@ptl.com.mt](mailto:dataprivacy@ptl.com.mt).

**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 | Mrs. | Ms | Other: |
| **Name + Surname** |  | | | | |
| **Current address** |  | | | | |
| **Mobile number** |  | | | | |
| **Email address** |  | | | | |
| **Date of birth** |  | | | | |
| **Details of identification provided to confirm name of data subject** |  | | | | |
| **Details of data requested to be rectified** |  | | | | |
| **Please advise the Period (specify timeframes) of requested data** |  | | | | |
| **Relationship with Data Controller** | *(e.g. employee, client, supplier, etc)* | | | | |

***DETAILS OF PERSON REQUESTING THE INFORMATION:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Are you the Data Subject?** | | | | | Yes  No | |
| **Are you acting on behalf of the Data Subject with their [written] or other legal authority?** | | | | | Yes  No | |
| **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** | **Mrs.** | **Ms** | **Other:** | |
| **Name + Surname** |  | | | | | |
| **Current Address** |  | | | | | |
| **Telephone number** |  | | | | | |
| **Mobile number** |  | | | | | |
| **Email address** |  | | | | | |

**DETAILS OF DSRR**

*Please insert details of the information which You believe to be inaccurate or incomplete and for which rectification is required:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Personal Data** | **Description of inaccuracy or Rectification** | **Proposed Rectification** | **Document References to prove inaccuracy** | **Document References to prove proposed rectification** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

Please attach relevant documents as proof of correct information.

The Controller reserves the right to verify the above information.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**