**Data Subject Access Right Form**

***Note: By completing this form, you consent that Main One Cable Company Ghana Limited (MainOne) would use your personal data to process your request and provide you with relevant response to your inquiries.***

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| Your rights as a data subject can be exercised by completing this form and submitting via an email or to the address at the bottom of this form | |
| In Person By Proxy | |
| Date \_\_/\_\_/20\_\_ | |
| **Details of the Person Requesting Information** | |
| Full Name: | |
| Date of Birth: | Telephone No: |
| Contact Address: | |
|  | |
| **Details of Proxy (If Applicable)** | |
| **Surname/ Family Name:** | |
| **First Name(s)/Forenames:** | **Telephone No:** |
| **Date of Birth:** | **Email Address:** |
| **Contact Address:** | |
| **Relationship to the data subject:** | |
| *A Proxy must enclose a copy of a power of attorney or data subject’s written authority and proof of the data subject’s identity and proxy’s identity (such as Passport, driving licence, national identity card, birth certificate etc)* | |
| **Any other Information that may help us** | |
| ***Please tick the appropriate box and read the instructions which follow it:***  Right of Access [ ] Right to Erasure [ ]  Right to Object [ ] Right to Portability [ ]  Right to Rectification [ ] Right to Restriction of Process [ ] | |
| **Details of Request:** *Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require.* | |
| **Preferred Medium of Feedback**  *Please tick the appropriate box below:*   * Email as provided in our database [ ] * Formal letter dispatched to Correspondence Address as provided in our database [ ] * MainOne Cable Company Ghana Limited Office [ ] | |
| I confirm that I have read and understood the MainOne Data Subject Access Request Policy and the Data Privacy and Protection Policy. In consideration of all the information stated herein, I certify that the information provided in this form is correct to the best of my knowledge and that I am the person to whom it relates.  **Name:**  **Signature:**  **Date:** | |
| ***For postal requests, please return this form to:***  Data Protection Officer  **MainOne Cable Company Ghana Ltd**  Capital Place, 11 Patrice Lumumba Road,  Airport Residential Area,  Accra, Ghana  All email Requests should be sent to dataprotectionofficer@mainone.net | |