**DATA RECTIFICATION REQUEST (‘DRR’) FORM**

For compliance with GDPR (mainly Article 5, 12, 16 & 19)

1. Data Rectification Requests (DRRs) 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, Carmelo Caruana Company Limited, with its address at Nineteen Twenty Three, Valletta Road, Marsa, MRS 3000.
2. Subject to certain exceptions, DRRs 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 Rectification. Prior to any rectification resulting from an DRR 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 DRRs 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 Representative at the following email address: [dataprivacy@hililogistics.com](mailto:dataprivacy@hililogistics.com)
10. For any queries, please contact us, at the following email address: [dataprivacy@hililogistics.com](mailto:dataprivacy@hililogistics.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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **TABLE 1** |

**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 DRR is being made.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | Mr | Mrs. | Ms | Other: |
| **Name + Surname** |  | | | | |
| **Current Address** |  | | | | |
| **Telephone number** |  | | | | |
| **Mobile number** |  | | | | |
| **Email address** |  | | | | |
| **Date of birth** |  | | | | |
| **Details of identification provided to confirm name of data subject** |  | | | | |
| **Details of data requested** |  | | | | |
| **Relationship with Data Controller:** | *(e.g. employee, client, supplier, etc)* | | | | |

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| --- |
| **TABLE 2** |

**DETAILS OF PERSON REQUESTING THE INFORMATION:**

*Please insert the details of the person making the DRR.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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** |  | | | | | | |
| **TABLE 3** | | | | | | | |

**DETAILS OF DRR**

*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.

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

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