



Data subject rights request form

According to the Data Protection Law DIFC Law No.5 of 2020, the data subject shall have the following rights: (i) right to withdraw consent; (ii) right of subject access; (iii) right to rectification of inaccurate Personal Data; (iv) right to erasure of Personal Data; (v) right to restrict processing; (vi) right to object to processing; (vii) right to data portability; and (viii) right not to be subject to automated decision-making (including profiling)

If you wish to make a Subject Access Request, please complete this form carefully and follow the instructions regarding the provision of proof of identity and details of how to return the form to the firm.

The purpose of this form is to ensure that all necessary information to complete your Subject Access Request is provided to the firm.

You will not usually need to pay a fee to access your personal data. However, if your request is unfounded or excessive, we may charge a reasonable fee for complying with your request, or we may refuse to comply.

For further information, please visit ([link to firm's privacy notice](#))

Please Specify:

- ☐ I am firm's employee
- ☐ I am firm's former employee
- ☐ I am a firm's Client
- ☐ Other (Please specify below)

Section 1 – Details for whom the request applies (Data Subject)

Title _____

Last Name _____

First Name _____

Nationality _____

Date of birth _____

Place of birth (Town, country) _____

Current Address (Not a PO Box) _____

Telephone number _____

Email Address _____

Section 2 – Requestor’s Details

Are you making this request on behalf of someone else? Yes ☐ No ☐

If you answered “No” please go straight to section 3. Otherwise, please provide the following:

Title _____

Last Name _____

First Name _____

Address (Not a PO Box) _____

Telephone number _____

Email address _____

Company/Firm _____

If you are making this request on behalf of someone else, you must supply documentary evidence to confirm the authority which supports this request e.g., the Data Subject’s written authority or ask the Data Subject to sign the Declaration under “Data Subject’s authority” in section 5.

Section 3 – Scope of Request

- ☐ My Personal Data is incorrect, and it needs to be corrected
- ☐ I would like to have information about how my personal data is being processed and the rationale for processing
- ☐ I would like a copy of my Personal Data that is being processed
- ☐ I wish to contest an automated decision
- ☐ I would like to request for my data to be deleted (where applicable)
- ☐ Other (please specify below)

Please provide further information regarding your request scope:

Please provide as much detail as you can about the Personal Data you are requesting to help us locate and provide you as soon as possible (continuing a separate sheet if necessary):

Section 4 – Proof of Identity

In order to prove the Data Subject's identity, we need to see copies of two pieces of identification, one from list A and one from list B below. Please indicate which ones you are supplying. Please do not send originals.

In addition, if you are acting on the Data Subject's behalf, we also need to see evidence of your identity. Please send us two pieces of identification, one from list A and one from list B below.

List A (one from below)

Passport

Photo driving licence

National Identity Card

List B (plus one from below)

Utility bill showing current home address

Bank statement

Section 5 – Provision of Information

Please confirm the format you wish to receive the information by specifying below. If a preference is not chosen the most appropriate format will be selected by the firm.

Details	Paper	Electronic
Photocopy or Printout		
Paper: Sent via mail		
Electronic Sent via email		

Photocopy or Printout collection from Firm's Office		
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Email address

(If applicable)

Section 6 – Declaration

The information which I have supplied in this application is correct, and I am the person to whom it relates. I understand that the firm may need to obtain further information from me/my representative in order to comply with this request.

I confirm that I have an authority to make this request

Print Name

Company Name (if relevant)

Date of Request

Signature

Authority to release information to representative

I confirm that I, the Data Subject, agree that the requested right referred in section 3 may be exercised by the requester referred in section 2 and disclosed to this party (if applicable). I, the Data Subject, I am aware of my rights under the Data Protection Law.

Print Name

Company Name (if relevant)

Date of Request

Signature

Please make sure you have:

- ☐ Completed this form
- ☐ Signed the declaration
- ☐ Proof of identity, such as a copy of your passport or a copy of your national identity card

The completed form along with relevant supporting documents can be emailed to:

tony@stp-partners.com

Alternatively, please post or deliver the form and supporting documents to:

STP Partners Limited

Anthony Hallside

Office 16-43 Central Park, DIFC, PO Box 506754, Dubai, United Arab Emirates