|  |
| --- |
| **FIT  Right to Erasure Form** |
| **IMPORTANT INFORMATION** |
| Before completing this form, Data Subjects are advised to apprise themselves of the content of the *FIT Data Protection Policy and Privacy Statement.*Data Subjects who wish to make a Right to Erasure Request must complete this form and return it to the FIT Data Protection Officer. The procedure to make this request, is outlined in *Section 5* of the *FIT Data Protection Policy and Privacy Statement*.If this request is being submitted on behalf of a Data Subject, an authorising letter must be included in the submission. |
| **DATA SUBJECT DETAILS** |
| **NAME:** | Full name |
|  |  |
| **ID TYPE:** | ID type |
|  |  |
| **CONTACT NUMBER:** | Contact number |
|  |  |
| **ADDRESS:** | Address |
| **DECLARATION** |
| ***I hereby declare that I understand that FIT will have to verify my identity, and may contact me directly for further information with regard to this request. The supporting documentation provided by me is complete, accurate and factual. I also understand and consent to the use, disclosure and collection of personal data associated with this Request.*** |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: Click here to enter a date |