

DATA SUBJECT ACCESS REQUEST FORM

Document Control
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1. DATA SUBJECT DETAILS:

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other: <input type="checkbox"/>
Surname					
First Name(s)					
Current Address					
Telephone number:					
Home					
Mobile					
Email address					
Date of Birth					
Details of identification provided to confirm name of data subject:					
Details of data requested:					

2. DECLARATION

I,, the undersigned and the person identified in (1) above, hereby request that GO p.l.c. provides me with the data about me identified above.

I understand that if I was a previously unregistered or anonymous customer to GO, I may only receive personal data relating to me from the date of registration of my personal data with GO.

Signature:

Date:

SAR form completed/received by

Signature:

Date:

This form must immediately be forwarded to GO p.l.c.'s Data Protection Officer (DPO) either via email on dpo@go.com.mt or ordinary mail to The Data Protection Officer, GO plc, Fra Diegu Street, Marsa MRS 1501, Malta. The DPO may be reached on (+356) 2124 6200.

