FORM NO. 2a

DATA CORRECTION/UPDATE REQUEST FORM

You have the right to correct and update personal data relating to you ("Data") that is inaccurate. We ask that you complete this form, so we can determine the details of your request and, where applicable, implement your request.

If your request is valid, we will correct and update the information requested.

Please complete your details below and sign where indicated. Send the completed form and proof of identity (by way of proof of your name and your address) to **Privacy Compliance Co-Ordinator at** <u>dataprotection@claran.ie</u>

Please also provide any documentation you have to prove that the information you wish to update needs to be updated or corrected.

Agents of the requestor: Please note that you must provide your own contact details and you must provide proof of your entitlement to act on the requestor's behalf.

Please complete as much of the following information as you can:					
Full name of data subject	(Title)	(First name)	(Surname)		
Present Address					
Street					
Town					
County					
Postcode					
Other contact details					
Telephone					
Email					
Mobile					
Details of the Agent or Requestor (if any)					
Name					
Address					
Phone Number					
Email address					
Proof of entitlement to act (enclose authorisiation)					

Category of personal information	Personal Information Currently on File	Corrected Personal Information
e.g. name, address.		

We will n	nake every	effort to	respond	to you	within	1 calendar	month	of the	receipt o	f your	request a	and valid
identificat	ion docume	entation, l	but please	note th	nat this	time may l	oe exten	ided to	3 months	s, when	necessar	y, taking
into accou	ınt the com	plexity an	d number	of requ	ests.							

Signature	
Date	