**FORM NO. 2a**

**DATA CORRECTION/UPDATE REQUEST FORM**

You have the right to correct and update any personal information about you 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) todatarequest@talbothotelgroup.ie or by post to Data Administrator, Talbot Hotel Ltd., On the Quay, Wexford

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 detailsand you must provide proof of your entitlement to act on the requestor’s behalf.

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| --- |
| **Please Complete as much of the following information as you can** |
| Company/Property Name (to which you are making this request to) |  |
|  |  |
| Full Name of Data Subject |  |
| Present Address (full address) |  |
| Telephone No: |  |
| Email Address: |  |
| Mobile No:  |  |
|  |  |
| **If applicable, please state your current/last post held in the hotel** |  |
| Department: |  |
| Job Title: |  |
| Employee No: |  |
|  |  |
| **Details of the agent of requestor (if any)** |  |
| Name: |  |
| Address: |  |
| Phone No: |  |
| Email Address: |  |
| Proof of Entitlement to Act (please enclose authorisation) |  |
|  |  |
| **Category of Personal Information (e.g. name, address)** |  |
| **Personal Information currently on File (provide detail)** |  |
| **Corrected Personal Information (provide detail)** |  |

We will make every effort to respond to you within 1 calendar month of the receipt of your request and valid identification documentation, but please note that this time may be extended to 3 months, when necessary, taking into account the complexity and number of requests.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_