

APPENDIX E

Data Subject Access Right Form

Note: By completing this form, you consent that SCIDaR would use your personal data to process your request and provide you with relevant response to your inquiries.

Your rights as a data subject can be exercised by completing this form and submitting via an email or to the address at the bottom of this form	
In Person <input type="checkbox"/>	By Proxy <input type="checkbox"/>
Date ___/___/20___	
Details of the Person Requesting Information	
Surname/Family Name:	
First Name(s)/Forenames:	Telephone No.:
Date of Birth:	Email Address:
Contact Address:	
Details of Proxy (If Applicable)	
Surname/ Family Name:	
First Name(s)/Forenames:	Telephone No:
Date of Birth:	Email Address:
Contact Address:	
Relationship to the data subject:	
<i>A Proxy must enclose a copy of a power of attorney or data subject's written authority and proof of the data subject's identity and proxy's identity (such as Passport, driving license, national identity card, National Identification Number Slip)</i>	
<u>Any other Information that may help us</u>	
Please tick the appropriate box and read the instructions which follow it:	
Right of Access [<input type="checkbox"/>]	Right to Erasure [<input type="checkbox"/>]
Right to Object [<input type="checkbox"/>]	Right to Portability [<input type="checkbox"/>]
Right to Rectification [<input type="checkbox"/>]	Right to Restriction of Process [<input type="checkbox"/>]

Details of Request: *Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require.*

Preferred Medium of Feedback

Please tick the appropriate box below:

- Email as provided in our database []
- Formal letter dispatched to the Correspondence Address as provided in our database []
- SCIDaR's Head Office []

In consideration of all the information stated herein, I certify that the information provided in this form is correct to the best of my knowledge and that I am the person to whom it relates.

Name:

Signature:

Date:

Please send your completed form and identification document(s) to:

Email: info@scidar.org

Office Address:

Solina Centre for International Development and Research

8 Libreville Street off Aminu Kano Crescent, Wuse 2