

Data Subject Deletion Request Form

SECTION 1: Details of the person completing the DSDR

Name

Address					
Contact P	hone Number				
E-mail Address					
Signature					
SECTION 2: Is this DSDR about you?					
	YES: I am the data subject for this DSDR and I have provided my identification (see below)				
	NO: I am acting on behalf of the data subject. I have enclosed the identification for myself and the data subject (see below)				

Accepted identification is anything that is issued by the government that contains a photograph, such as a passport or driving licence.

SECTION 3: Details of the data subject

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Name		
Address		
Contact Phone Number		
Email Address		
Signature		
SECTION 4: DSDR information Please supply the detail behind to		

Please return this form with the identification required to;

The Data Protection Officer
British Snoring & Sleep Apnoea Association
Chapter House
33 London Road
Reigate
RH2 9HZ

*The information within this form will be used exclusively for the purposes of this DSDR. Once the DSDR has been completed your personal data will be deleted. However, we will maintain your name in our DSDR register for audit purposes.