

**DATA PRIVACY REQUEST FORM**

PERSONAL INFORMATION

Name:

Email Address:

Phone Number:

Account number:

Proof of Identity (Please Tick One):

NIN     DRIVER'S LICENCE     INTL Passport    OTHERS: \_\_\_\_\_

Please Indicate your Request Type(s):

Right to Portability     Right to Access     Right to Erasure/Delete  
 Right to Withdraw Consent     Right to be Informed     Right to Restrict Processing

Explain Request in Details

Signature

Date 

D	D

M	M

Y	Y	Y	Y

Note: All requests will be processed within 30 days

**FOR OFFICIAL USE ONLY**

Authorised by

Branch Officer     Staff ID     Signature

## THIRD-PARTY REQUEST

If Third-Party request data on behalf of a Data Subject, valid proof of identity and authorization must be provided to verify the legitimacy of the request.

Personal Details (If you are acting on behalf of the Data Subject)

Name:

Address:

Maiden Name:

Phone Number:

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Email Address:

Authorization from Third-Party:

Signature

Date

D	D	M	M	Y	Y	Y	Y

Mandatory Documents

- Proof of Identity of the Data Subject
- Proof of Authorization (If request is made by a Third Party)

In line with FirstBank's DSAR Policy, you will receive a response within 30 calendar days from the date we receive this form along with the required identification documents.

Note: It is a criminal offence to impersonate another individual to obtain their personal data.