

FORM 1A
THE DATA PROTECTION
ACT, 2020
DELEGATION FORM

(under section 5(b)(ii) of the Act)

I of
 (Insert full name of data subject)

..... hereby
 (Insert address of data subject)

authorise of
 (Insert name of person being issued authorisation to act)

..... to:
 (Insert address of person being issued authorisation to act)

exercise my right [tick the items that do apply]:

- of access to my personal data
- to prevent processing of my personal data
- in relation to automated decision taking
- to rectify any inaccuracy in my personal data

This authorisation is given in respect of personal data being processed by [tick the items that do apply]:

- all data controllers
- a specific data controller (specify details of the data controller):

Name:

Address:

Phone number:

Email:

and shall be valid for from the date hereof.
 (insert period of validity)

Signature of data subject Date (DD/MM/YYYY)

Signature of Justice of the Peace/Notary Public or Consular Officer
 [as the case requires]

.....
 Date (DD/MM/YYYY)