FORM NO. 4a

RESTRICTION REQUEST FORM

You have the right to restrict our processing of personal data relating to you ("Data") in certain circumstances. We ask that you complete this form, so we can establish the details of your request and, where possible, implement your request.

If your request is valid, we will restrict our processing of this Data unless you give your consent to us using it in the future, or we need to use it for other legal reasons.

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) to **Privacy Co Ordinator at privacy@phelans.ie**

Agents of the requestor: Please note that you must provide your own contact details and you must provide proof of your entitlement to act on the data subject's behalf.

Please complete as much of the following information as you can:	
Full name of data subject	(Title) (First name) (Surname)
Present Address	
Street	
Town	
County	
Postcode	
Other contact details	
Telephone	
Email	
Mobile	

Details of the Agent or Requestor (if any)	
Name	
Address	
Phone Number	
Email address	
Proof of entitlement to act (enclose authorisation)	

Uses of personal information to be restricted	Reason for restricting these uses of your personal information
Please refer to the uses of personal information set out in our privacy notice	*e.g. the personal information is inaccurate, our uses of it are unlawful, etc.*
Uses of personal information to be restricted	**Reason for restricting these uses of your personal information**

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, considering the complexity and number of requests.

Signature   _____

Date   _____