FIRST SCHEDULE FORM 1A (Regulation 2)
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 [*strike out the items that do not 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 [strike out the item that does not 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

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

. . . .
Date