



## Request for Implementation of Rights Application Form:

Each of the rights listed below may be exercised by submitting this request at any branch of CFAO Mobility in person or by proxy, as well as electronically, by e-mail [LST-KE-3655-RISK-DEPARTMENT-GROUP@cfao.com](mailto:LST-KE-3655-RISK-DEPARTMENT-GROUP@cfao.com). Please complete in block letters and tick "X" where necessary. Fields marked with \* are required for the application to be processed.

You will also need to provide **proof of your identity**. Your request will be processed within **30 calendar days** upon receipt of a fully completed form and proof of identity.

In Person

Proxy

(a copy of the power of attorney shall be enclosed)

### Subject's Data:

Name\*: \_\_\_\_\_

Identification Details\*: \_\_\_\_\_ (enclose a copy of identification)

Address for Correspondence\*: \_\_\_\_\_

Telephone\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

### With Regards To:

Right of Access

Right to Rectification



Right to Erasure  
(‘right to be forgotten)

Right to Restriction of Processing

Right to Object

Right to Data Portability

**Description of the Request\*:**

Please elaborate your request. Understanding the underlying reasons will enable us to assist you more effectively.

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**Preferred Way for Feedback on the Request\*:**

In writing to the  
correspondence address

In writing at CFAO Mobility Branches

Other \_\_\_\_\_  
(Please describe)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_