

APPENDIX 1

Data Subject Access Right Form

Note: By completing this form, you consent that Avon Healthcare Limited would use your personal data to process your request and provide you with relevant response to your inquiries.

Your rights as a data subject can be exercised by completing this form and submitting via an email or to the address at the bottom of this form	
In Person <input type="checkbox"/>	By Proxy <input type="checkbox"/>
Date __/__/20__	
Details of the Person Requesting Information	
Full Name:	
Date of Birth:	Telephone No:
Contact Address:	
<i>Please enclose a valid means of identification (such as a Passport, driver's license, national identity card, voters' card, or Avon Healthcare Limited ID card)</i>	
Details of Proxy (If Applicable)	
Surname/ Family Name:	
First Name(s)/Forenames:	Telephone No:
Date of Birth:	Email Address:
Contact Address:	
Relationship to the data subject:	
<i>A Proxy must enclose a copy of a power of attorney or data subject's written authority and proof of the data subject's identity and proxy's identity (such as Passport, driving license, national identity card, birth certificate etc.)</i>	
<u>Any other information that may help us</u>	
Please tick the appropriate box and read the instructions which follow it:	
Right of Access <input type="checkbox"/>	Right to Erasure <input type="checkbox"/>
Right to Object <input type="checkbox"/>	Right to Portability <input type="checkbox"/>
Right to Rectification <input type="checkbox"/>	Right to Restriction of Process <input type="checkbox"/>

Details of Request: Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require.

Preferred Medium of Feedback

Please tick the appropriate box below:

- Email as provided in our database
- Formal letter dispatched to Correspondence Address as provided in our database
- Avon Healthcare Limited Head Office

I confirm that I have read and understood the Avon Healthcare Limited's Data Privacy Policy available at **[Insert link to the webpage]**. In consideration of all the information stated herein, I certify that the information provided in this form is correct to the best of my knowledge and that I am the person to whom it relates.

Name:

Signature:

Date:

For postal requests, please return this form to:

Data Protection Officer
Avon Healthcare Limited
2nd Floor, Afriland Towers,
97/101 Broad Street,
Lagos Island, Lagos.

All email Requests should be sent to dataprotection@avonhealthcare.com