

[Company Letterhead/Logo]

DATA SUBJECT RIGHTS REQUEST FORM

Effective Date: [Insert Date]

This Data Subject Rights Request Form ("Form") is provided by [Company Name] ("Company") to enable individuals ("Data Subjects") to exercise their rights under the **Digital Personal Data Protection Act, 2023 ("DPDP Act")** and other applicable laws. The Company is committed to safeguarding your privacy and processing your requests promptly and transparently.

SECTION 1: CONTACT INFORMATION

Please provide your contact details to enable us to process your request.

- **Full Name:** _____
 - **Email Address:** _____
 - **Phone Number:** _____
 - **Postal Address:** _____
 - **Preferred Contact Method:**
 - ☐ Email
 - ☐ Phone
 - ☐ Postal Mail
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SECTION 2: RELATIONSHIP WITH THE COMPANY

Please indicate your relationship with the Company:

- Employee
 - Former Employee
 - Customer
 - Vendor/Contractor
 - Other: _____
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SECTION 3: RIGHTS REQUESTED

Under the **DPDP Act**, you have the following rights. Please mark the rights you wish to exercise:

- **Right to Access:** Obtain a copy of your personal data processed by the Company.

- **Right to Rectification:** Correct or update inaccurate or incomplete personal data.
 - **Right to Erasure:** Request deletion of your personal data where applicable.
 - **Right to Restrict Processing:** Limit the processing of your personal data in specific circumstances.
 - **Right to Data Portability:** Receive your personal data in a structured, commonly used, and machine-readable format.
 - **Right to Withdraw Consent:** Revoke consent for specific data processing activities.
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SECTION 4: DETAILS OF THE REQUEST

Please provide details of your request to help us process it efficiently. Specify the data you wish to access, rectify, or delete, and include relevant dates, reference numbers, or additional context.

SECTION 5: VERIFICATION OF IDENTITY

To protect your privacy and ensure the security of your personal data, we may need to verify your identity before processing your request. Please attach one of the following documents:

- Government-issued photo ID (e.g., Aadhaar Card, Passport, Driver's License).
- Other document establishing your identity: _____

Note: Copies of these documents will only be used for verification purposes and securely deleted afterward.

SECTION 6: AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

If you are submitting this request on behalf of another individual, please provide:

- **Full Name of the Data Subject:** _____
 - **Your Relationship with the Data Subject:** _____
 - **Authorization Document:** Attach a signed letter or legal document authorizing you to act on behalf of the Data Subject.
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SECTION 7: DECLARATION

By signing this form, I confirm that the information provided is accurate and that I am the Data Subject or authorized to act on their behalf. I understand that the Company may contact me for

further clarification and that my request will be processed in accordance with applicable laws and the Company's Data Protection Policy.

- **Signature:** _____
 - **Name:** _____
 - **Date:** _____
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SECTION 8: SUBMISSION DETAILS

Please submit this form and the required documents through one of the following methods:

- **Email:** [Insert DPO Email Address]
 - **Postal Mail:** [Insert Company Address]
 - **In-Person:** [Insert Office Address, if applicable]
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SECTION 9: FOR COMPANY USE ONLY

- **Date Received:** _____
 - **Request Reference Number:** _____
 - **Action Taken:** _____
 - **Processed By:** _____
 - **Date of Completion:** _____
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This form ensures that your data rights are respected and requests are handled diligently. For questions or assistance, contact our Data Protection Officer at:

- **Email:** [Insert DPO Email Address]
 - **Phone:** [Insert DPO Phone Number]
 - **Address:** [Insert Company Address]
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