



Data Deletion Request Form

Under the General Data Protection Regulation (GDPR), you have the right to have your data deleted and removed from our systems.

You may use this form to request that your data be deleted, although you can make the request in any format you choose. We will process your request in accordance with the General Data Protection Regulation (GDPR – further information can be found at <https://ico.org.uk/for-the-public/personal-information/>). Our Privacy Statement(<https://www.hcandl.co.uk/about-us/company-information/privacy-statement>) provides full details of how we process your data and keep it safe.

Please be aware that if you request to have your data deleted there are specific reasons for which we may decline your request and your data will continue to be processed. These reasons are set out below.

You have the right to have your data deleted in the following circumstances:

- Where the personal data is no longer necessary in relation to the purpose for which Hull Culture and Leisure Ltd originally collected or processed it,
- Where you have withdrawn your consent to the continued processing of the data and there is no other lawful basis for Hull Culture and Leisure Ltd to continue processing the data,
- Where you object to the processing. In this case, Hull Culture and Leisure Ltd will make a determination on whether it has an overriding legitimate interest to continue the processing,
- The personal data has been unlawfully processed,
- The personal data has to be deleted due to a legal obligation.

Please state the appropriate reason for your request in the form below, or in whichever format in which your request is submitted.

Upon receipt of your request, Hull Culture and Leisure Ltd will respond within one calendar month starting from the day after it was received. We will delete the data unless we have an overriding reason to continue to process it or unless it is processed for one of the following reasons:

- to exercise the rights of freedom of expression and information
- for the Company to comply with a legal requirement
- the performance of a task carried out in the public interest or exercise of official authority
- for public health purposes in the public interest
- archiving purposes in the public interest, scientific historical research or statistical purposes or
- the defence of legal claims.

If one of the circumstances above applies, your request for deletion will be refused and we will write to you setting out the reason for refusal.

Once completed, please submit this form to info@hcandl.co.uk .

| Personal details | |
|---|--|
| Your name: | |
| Telephone number: | |
| Email address: | |
| Home address: | |
| Data you wish to be deleted | |
| Please use the space below to describe, in as much detail as possible, the data which you wish to be deleted | |
| | |
| Reason for request | |
| Please indicate below which of the reasons set out above applies to your request | |
| | |
| A. Declaration if applying for the deletion of your own data | |
| I confirm that I am the individual named above and the Data Deletion Request above is in relation to me. I understand that I will be required to provide evidence to verify my identity. | |
| Your signature: | |
| Date: | |
| B. Declaration if applying on behalf of another individual for their data to be deleted | |
| I confirm that I have proper authority to make a Data Deletion Request on behalf of the individual named above. I understand that I will be required to provide evidence to verify my identity and of the authority given to me to make this request on behalf of the individual named above. | |
| Your Name: | |
| Your Address: | |
| Your signature: | |

| | |
|--------------|--|
| Date: | |
|--------------|--|

| C. FOR HCL USE ONLY: | |
|-----------------------------|---|
| 1 | Date request received by HCL, including Contact Centre or CSC: |
| 2 | Received by (Staff name): |
| 3 | How was the request made (verbally, over the phone etc) |
| 4 | Proof of identification seen: Must be one of the following: Drivers Licence or Passport (note number of document seen) Or A recent utility bill or bank statement (note type and date) and a bank/building society card or savings book |
| 5 | Evidence of authority if a request is being made on behalf of another individual. |
| 6 | Date sent to HCL admin: |
| 7 | Date allocated for information gathering: |
| 8 | Allocated to: |
| 9 | Deadline for submitting information to HCL admin: |
| 10 | Date response is provided to requester: |
| 11 | Summary of response: |

