RIGHT TO ERASURE - REQUEST FORM

1. Details of the person requesting erasure

   Full Name :

   Address :

   Contact Number :

   Email Address :

2. Are you the data subject?

   □ I am the data subject. I enclose proof of my identity.

   □ I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity.

   Proof of Identity and Address : Passport, Driving License with Photo, Voter ID, Aadhar Card, etc.

3. I am acting on behalf of the data subject (If different from Section 1):

   Full Name :

   Address :

   Contact Number:

   Email Address:

4. On what grounds are you requesting removal of your personal data?
[The right to erasure is not absolute and only applies in certain circumstances. Please tick the box next to the reason why you are requesting erasure.]

☐	The personal data is no longer necessary for the purpose which you originally collected or processed it for.
☐	I am withdrawing consent.
☐	I object to the processing and Avizva has no overriding legitimate interest in the data.
☐	AVIZVA collected the data unlawfully.
☐	The data must be erased to comply with a legal obligation.

5. Declaration :

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application to AVIZVA is true. I understand that it is necessary for AVIZVA to confirm the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

Signed ……

Date ……..

Note No. 1 :	Documents which must accompany this application/form: • Evidence of your identity; • Evidence of the data subject's identity (if different from above); • Authorisation from the data subject to act on their behalf (if applicable).
Note No. 2 :	Please email the completed form to Legal@avizva.com and CC ithelpdesk@avizva.com