



CASTLEMARTYR



**FORM NO. 2a**  
**DATA CORRECTION/UPDATE REQUEST FORM**

As described in the IHF Code of Conduct, you have the right to correct and update any personal information about you that is inaccurate. We ask that you complete this form so we can determine the details of your request and, where applicable, implement your request.

If your request is valid, we will correct and update the information requested.

Please complete your details below and sign where indicated. Send the completed form and proof of identity (by way of proof of your name and your address) to **Data Controller, Castlemartyr Resort, Castlemartyr, Co. Cork P25 X300 or [datarequest@castlemartyrresort.ie](mailto:datarequest@castlemartyrresort.ie)**.

Please also provide any documentation you have to prove that the information you wish to update needs to be updated or corrected.

**Agents of the requestor:** Please note that you must provide your own contact details and you must provide proof of your entitlement to act on the requestor's behalf.

Please complete as much of the following information as you can:	
<b>Full name of data subject:</b> (Title) (First) (Surname)	
<b>Present Address:</b>	
Street	
Town	
County	
Postcode	
Other contact details:	
Telephone	
Email	
Mobile	

<b>Details of the Agent or Requestor (if any)</b>	
Name:	
Address:	
Phone Number:	
Email address	
Proof of entitlement to act (enclose authorization)	



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Category of personal information	Personal Information Currently on File	Corrected Personal Information
e.g. name, address		

We will make every effort to respond to you within 1 calendar month of the receipt of your request and valid identification documentation, but please note that this time may be extended to 3 months, when necessary, taking into account the complexity and number of requests.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_