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| **Data Subject Processing Change**  |
| Data Subject Request No.To be completed by the CMA |  |
|  |
| Submitting Party Details | Name |   |
| User PrivilegePlease tick the confirmation box | I confirm that I am a DA for the given Org Name |  |
| Org Name |  |
| Date |  |
|  |
| Data Subject Details | Name |  |
| Data Subject TypePlease tick the appropriate types | Customer |  |
| Landlord |  |
| Party User |  |
| Date of Request to Party |  |
|  |
| Processing Change Details | Processing Change TypePlease tick one type | Restrict Processing |  |
| Cease Processing |  |
| Erasure |  |
| Processing Change LimitationsPlease identify any limits on the requested changes | From DateLeave blank if no from date applies |  |
| To DateLeave blank if no to date applies |  |
| Data items excludedPlease identify any data items that can continue to be processed normally |  |
| Processes excludedPlease identify any processes that can continue as now |  |
| Other |  |