



PLUMBING Products Group

PPG Access Rights Request Form Section 1 – Requestor

Please fill in your details. If you are not the Requestor and you are applying on behalf of someone else, please fill in the details of the Requestor below and not your own.

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	
Surname / Family Name:	
First Name(s) / Forenames:	
Date of Birth:	
Address:	
Postcode/Zipcode:	
Day Time Telephone Number(s):	
Email address for contacts(*):	

I am enclosing the following copies of documents as proof of identity for the purposes of enabling PPG to process this Access Right Request:

☐ Passport or ID ☐ Driving License ☐ Birth certificate

In order to facilitate the identification of your data in our records, please specify if your personal data might be stored because of being:

☐ Associate, Employee, former Employee or Independent Sales Agent for PPG *(please specify the country, subsidiary, and the period in which you have worked at PPG)*

☐ Customer/supplier/vendor of PPG
(please specify the company you worked for and to/from which PPG might have sold/bought products/services and approximate date)

☐ Web site visitor

If applicable, please provide the Reference shown at the bottom of the Privacy Notice that you have received via email.

Reference:

Section 2 –Representative

Please complete this section of the Form with your details if you are acting on behalf of someone else. If you are NOT the Requestor, but a representative appointed on their behalf, you will need to provide evidence of your identity as well as that of the Requestor and proof of your right to act on their behalf.

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Surname / Family Name:

First Name(s) / Forenames:

Date of Birth:

Address:	
Postcode/Zipcode:	
Day Time Telephone Number(s):	
Email address for contacts(*):	

I am enclosing the following copies of documents as proof of identity for the purposes of enabling PPG to process this Access Rights Request:		
<input type="checkbox"/> Passport or ID	<input type="checkbox"/> Driving License	<input type="checkbox"/> Birth certificate

What is your relationship to the Requestor? (e.g. parent, carer, legal representative)	
Please specify which proof of legal authorization to act on behalf of the Requestor you are attaching to this request (*):	

Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and may be a subject to prosecution.

Section 3 – Type of access request

Please specify the type of access request to your data you are asking for:



Request of information

(Please provide more details about the information you would like to access that you expect PPG to process / or have processed including any relevant timeframes / dates that the information relates to).

Please specify the way you want to receive the information:

☐ By post (*)

☐ Collect information in person

☒ In electronic format



Request of modification

(Please specify how you would like us to correct and / or modify the information that is in PPG's possession. Please note: modification of some personal data may be limited if it is required to be retained for statutory purposes).



Objection to the processing



Request of use restriction

(Please specify what type of personal data processing you object to and / or expect to be restricted. Please note: restriction of some personal data may be limited if it is required to be retained for statutory purposes).



Request of complete removal of your personal data from PPG systems

(Please note: removal of some personal data may be limited if it is required to be retained for statutory purposes)



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☐ Request of data portability

(PPG will provide the following personal data (where available) in csv file format: First Name, Family Name, Personal Address, Personal phone number , Personal Tax ID, Personal Email Address)

Please specify the way you want to receive the information:

☐ Collect information in person

☐ In electronic format

Please specify if you want the information to be sent directly to a specific company:

☐ Company email address (**):

() Please be aware that if you wish us to post/mail the information to you, we will take every care to ensure that it is addressed correctly. However, we cannot be held liable if the information is lost in the mail or incorrectly delivered or opened by someone else in your household or vicinity of your residence. Loss or incorrect delivery may cause you embarrassment or harm if the information is 'sensitive'.*

Additional comments:

Date:

Requestor signature: