

DATA SUBJECT ACCESS REQUEST (DSAR) FORM

To exercise your rights, please submit a request to the Data Protection Officer of the relevant BDO Mauritius (hereafter “BDO”) entity at the email address provided below.

- BDO LLP and BDO Financial Services Ltd at dpo@bdo.mu;
- BDO IT Consulting Ltd at dpoitc@bdo.mu;
- BDO Solutions Ltd at dposols@bdo.mu.

Please complete in block letters and tick “X” where necessary.

Request will be processed upon positive identification and submission of the required documents to BDO.

Please complete in block letters and tick as appropriate. Fields marked with * are required for the application to be processed.

Request being made in person:

Proxy: *(in case of proxy, consent of the data subject is required to be attached to this request)*

With regard to:*

- | | | | |
|---|--------------------------|------------------------------------|--------------------------|
| Right of Access | <input type="checkbox"/> | Right to Withdraw Consent | <input type="checkbox"/> |
| Right of Rectification | <input type="checkbox"/> | Right to Modify Consent | <input type="checkbox"/> |
| Right to Object | <input type="checkbox"/> | Right to Erasure | <input type="checkbox"/> |
| Right to Automated Individual Decision-Making | <input type="checkbox"/> | Right to Restriction to Processing | <input type="checkbox"/> |

Further description of the request*

Please describe your request in more details, include the reason for the request and any details to help us understand and better respond to you. E.g., details of what processing to restrict or what personal data to be erased.

Data Subject's Data*

| | | | |
|------------------------|-----------------------------|------------------------------|-------------------------------|
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> |
| Name | | | |
| Current address | | | |
| Contact number | | | |
| Email address | | | |

Proxy Details

| | | | |
|---|-----------------------------|------------------------------|-------------------------------|
| Please state your relationship with the data subject (e.g. parent, legal guardian or solicitor) | | | |
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> |
| Name | | | |
| Current Address | | | |
| Contact Number | | | |
| Email Address | | | |

Preferred way of feedback on the request*:

By email In writing Other (please mention):

Date:

Signature:

For Office Use:

The request is a valid one and the identity of the requester has been confirmed:

Yes No

Date:

Signature:
