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FORM DPG 5

REQUEST FOR ERASURE OF PERSONAL DATA

Fill as appropriate *Note:*

- i. *Documentary evidence in support of this request may be required.*
- ii. *Where the space provided for in this Form is inadequate, submit information as an annexure.*
- iii. *All fields marked as \* are mandatory.*

A. DETAILS OF THE DATA SUBJECT

*(This section is to provide the details of the Data Subject).*

Name\*:   
Identity Number\*:   
Phone Number\*:   
E-mail address:

*(Provide the following details where making a request on behalf of a minor or a person who has no capacity)*

Name\*:   
Relationship with the Data Subject\*:   
Contact Information\*:

B. REASON FOR ERASURE REQUEST

*(Tick the appropriate box)*

a) Your personal data is no longer necessary for the purpose for which it was originally collected.

b) You have withdrawn consent that was the lawful basis for retaining the personal data.

c) You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing.

d) The processing of your personal data has been unlawful.

e) Required to comply with a legal obligation.

PERSONAL DATA TO BE ERASED

### C. Declaration

Note: any attempt to erase personal data through misrepresentation may result in prosecution.

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I confirm that I have read and understood the terms of this request form and certify that the information given in this application is true.

Signature:

Date: