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FORM DPG 1

REQUEST FOR RESTRICTION OR OBJECTION TO THE PROCESSING OF PERSONAL DATA

Note

- (i)** A documentary evidence in support of the objection may be required.
- (ii)** Where the space provided for in this Form is inadequate, submit information as all Annexure

A. NATURE OF REQUEST

Mark the appropriate box with an "x". Request for:

RESTRICTION

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OBJECTION

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B. DETAILS OF THE DATA SUBJECT

Name:

Identity Number:

Phone number:

E-mail address:

(Your details below where initiating the request for a minor or a person who has no capacity)

Name:

Relationship with the Data Subject Contact Information:

C. REASONS FOR THE REQUEST

(Please provide detailed reasons for the restriction or objection)

D. DECLARATION

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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