|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Subject Processing Change** | | | | |
| Data Subject Request No.  To be completed by the CMA | |  | | |
|  | | | | |
| Submitting Party Details | Name |  | | |
| User Privilege  Please 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 Type  Please tick the appropriate types | Customer | |  |
| Landlord | |  |
| Party User | |  |
| Date of Request to Party |  | | |
|  | | | | |
| Processing Change Details | Processing Change Type  Please tick one type | Restrict Processing | |  |
| Cease Processing | |  |
| Erasure | |  |
| Processing Change Limitations  Please identify any limits on the requested changes | From Date  Leave blank if no from date applies |  | |
| To Date  Leave blank if no to date applies |  | |
| Data items excluded  Please identify any data items that can continue to be processed normally |  | |
| Processes excluded  Please identify any processes that can continue as now |  | |
| Other |  | |