NATIONAL COUNCIL ON EDUCATION
NCE@NCE.ORG.COM

Delegation Form

SECTION 1		**PERSONAL INFORMATION OF DATA SUBJECT**			
1	**NAME OF DATA SUBJECT** (If you are not the data subject proceed to Section 2)	Last Name Last Name	Middle Name Middle Name	First Name First Name	
2	**DATE OF BIRTH (DD/MM/YYYY)**	DD/MM/YYYY	**3**	**SEX**	☐ Male ☐ Female
4	**CONTACT INFORMATION**	Phone Number	___ ___ ___		
		Email Address	username@email.com		
SECTION 2		**DATA CONTROLLER INFORMATION**			
6	**DATA CONTROLLER NAME**	Data Controller Name			
5	**ADDRESS** (Please state the address to which correspondence related to your application should be sent)	Street Address: Street Address			
		Address Line 2: Address Line 2			
		City/State/Parish/Postal Code: City/State/Parish			
		Country: Country			
7	**CONTACT INFORMATION**	Phone Number	___ ___ ___		
		Email Address	username@email.com		

NOTICE

1. *Section 10 of the Data Protection Act, 2020, requires that a data controller shall not process personal data of a data subject (the person to whom the personal data relates) for the purpose of direct marketing unless consent to the processing is given by the data subject. Additionally, the data subject shall only be approached once for consent by a data controller.*

2. *You are kindly requested to indicate your wishes regarding the processing of your personal data for the purpose of direct marketing in Part B below. After you have indicated your wishes in Part B,kindly submit this Form either by post, facsimile or e-mail to the address, facsimile number or e-mail address as stated above.*
3. *Kindly note that if you have consented to your personal data being processed for the purpose of direct marketing, that consent may be withdrawn by submitting this Form or Form 3 of the Data Protection Regulations, 2024, with your wishes either by post,facsimile or e-mail to the address, facsimile number or e-mail address as stated above.*

SECTION 3	**YOUR REQUEST**

8

I, Your text here *(State full name of data subject)* hereby authorize Your text here *(State full name of person being issued authorization to act) to:*

☐ Give consent regarding the (*Only select those that apply*)

☐ processing of my personal data for all activities

☐ processing of my personal data for the purpose of direct marketing

☐ processing of my personal data for the following activity/ies (*Specify activities below)*

Your text here

☐ Withhold consent regarding the (*Only select those that apply*)

☐ processing of my personal data for all activities

☐ processing of my personal data for the purpose of direct marketing

☐ processing of my personal data for the following activity/ies (*Specify activities below)*

Your text here

This authorization shall be valid for Your text here *(State validity period) from the date hereof.*

9	**TODAY'S DATE**	DD/MM/YYYY

I declare that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

10	**YOUR SIGNATURE**	**12**	**YOUR RELATIONSHIP TO THE PERSON IN SECTION 1** (If different from data subject)**:** ○ Father or Mother ○ Natural Or Adoptive Parent ○ Legal Guardian ○ Other Specify

11	DATE		SIGNATURE OF JUSTICE OF THE PEACE/NOTARY PUBLIC OR COSULAR OFFICER

THIS SECTION IS FOR INTERNAL USE ONLY			
REQUEST REFERENCE NO:	☐☐☐ — ☐☐☐ — ☐☐☐☐☐☐☐☐ — ☐☐☐☐		
DOCUMENT SUBMITTED		Data Subject's ID Number	Applicant's ID Number
☐ Copy of Passport		ID Number	Applicant Number
☐ Copy of Elector ID		ID Number	Applicant Number
☐ Copy of Driver's License			
☐ Delegation Form			
☐ Proof of Address (e.g. utility bill, bank statement)			
☐ Other (please specify):			
Employee Name:	Employee Name		
Employee Job Designation:	Employee Job Designation		
Employee Signature:		Date:	DD/MM/YYYY
DPO Name:	Full Name		
DPO Signature:		Date:	DD/MM/YYYY