

Data objection request form

Under the General Data Protection Regulation, you have the right to object to our processing (using your data for various purposes as set out in our Privacy Policy and Privacy Notices or Consent Forms) of your data in certain circumstances. Please complete this form if you wish to object to your data being processed.

You have an absolute right to object to us processing your data if it for direct marketing processes. You can also object if the processing is:

- in relation to our legitimate interests
- for the performance of a task in the public interest
- in the exercise of official authority

In these circumstances the right to object is not absolute. We may have the right to keep processing where:

- we are able to demonstrate compelling legitimate reasons for the processing which are believed to be more important than your rights or
- the processing is required in relation to legal claims made by, or against, us.

Once completed, please send this form to our Data Protection Officer via privacy@boaztrust.org.uk or at The Boaz Trust, Kath Locke Centre, 123 Moss Lane East, Manchester M15 5DD.

If you are unsure of any terms used, or what this right means, please see our Privacy Policy ??? and the ICO also provides some clear guidance for individuals about their data and rights (ico.org.uk/your-data-matters/) which you may find helpful.

Personal details	
Name of person making the request:	
Name of person data relates to:	
Phone number:	
Email address:	
Home address:	
Preferred way for us to contact you (please tick):	
Email <input type="checkbox"/>	Post <input type="checkbox"/>

Data processing you wish to object to

Please use the space below to describe, in as much detail as possible, the data processing which you want us to stop i.e. what we're using your data for that you want us to stop

Reason for request

Please tell us, as clearly as possible, why you want us to stop working with your data you've outlined above

Please tick the statement that applies:

- I confirm that I am the person named above and the information requested above is in relation to me. I understand that I may be required to provide evidence to verify my identity.
- I confirm that I am the person making the request above and I have authority to act on data subject named above. I understand that I may be required to provide evidence to verify my identity and proof of authority to act on their behalf.

Your signature:

Date: