

GO p.l.c., Fra Diegu Marsa, MRS 1501, Malta **T.** 8007 2121 | **F.** +356 2594 5895

 $\textbf{E.} \ \, \text{customercare@go.com.mt} \ \, | \ \, \textbf{W.} \ \, \text{www.go.com.mt}$

Company Registration No.: C22334 VAT Registered No.: MT 1282-6209

Data Subject Access Request Form

1. Data Subject Details														
Title:	Mr			Mrs			Miss			Ms			Other	
Surname:										'				
First Name(s):														
Current Address:														
Telephone Number (Home):														
Telephone Number (Mobile):														
Email Address:														
Date of Birth:														
Details of identification provided to confirm name of data subject:														
Details of data requested:														
2. Decleration														
I,														
registration of my personal data with GO.														
Signature:						Da	ite:							
SAR form completed/ received	by													
Signature:						Da	ite:							
This form must immediately be	forwar	ded	to GO p.l.c.'s	Data Pro	tectic	on Officer (E	PO) eith	er via e	email on c	dpo@q	o.com.ı	mt or ordin	ary mail to	o The Data

Protection Officer, GO plc, Fra Diegu Street, Marsa MRS 1501. The DPO may be reached on [+356] 2124 6200.