



GDPR – EU Privacy Removal Personal Information Removal Request Form

For privacy reasons, you may have the right to ask for certain personal information relating to you to be removed.

This form is for requesting the removal of your background check from out of our system and/or the removal of your personal information from our marketing and/or social media.

You will need your report ID number listed on the copy of your background check or provide a copy of an identification document to complete this form. Please complete the form in its entirety.

** Required field*

YOUR INFORMATION

Country of origin*

Full legal name*

Full name used to search on background check*

Contact email address*

All Phone numbers used to Contact Private Eyes Inc.*

Report ID (located on your background check)*

Attach a legible copy of a document that verifies your identity*

I certify that I have included a copy of an identification document that identifies me.*



Identify what you are requesting removal from: *

Removal of my background check from out of your system.

Removal of my personal information from your marketing and/or social media.

Removal of my background check from out of your system and my personal information from your marketing and/or social media.

SWORN STATEMENTS

Please read the following statements and check the boxes to confirm that you agree:

Private Eyes, Inc. will use the personal information that you supply on this form (including your email address and any ID information) and any personal information you may submit in further correspondence for the purposes of processing your request and meeting our legal obligations. We may share details of your request with data protection authorities, but only when they require these details to investigate or review a decision that we have made. That will normally be because you have chosen to contact your national DPA about our decision.

I consent to the processing of the personal information that I am submitting as outlined above.*

I represent that the information in this request is accurate and that I am authorized to submit this request.*

I understand that Private Eyes, Inc. will not be able to process my request if the form is not properly filled out or if the request is incomplete.*

SIGNATURE

Signed on this date of: *

MM/DD/YYYY (e.g. "11/15/2009")

Signature: *

(e.g. John A. Smith)

By typing your full name above, you are providing as with your digital signature, which is legally binding as your physical signature. Please note that your signature must exactly match the first and last names that you entered at the top of this form in order for your submission to be successful.

**PLEASE SUBMIT THE COMPLETED FORM TO
GDPR@PEBACKGROUNDCHECKS.COM**