



MINISTRY for HEALTH  
15, PALAZZO CASTELLANIA, MERCHANTS STREET, VALLETTA, MALTA

**REQUEST FOR ACCESS TO PERSONAL DATA BY DATA SUBJECTS IN  
ACCORDANCE  
WITH THE GENERAL DATA PROTECTION (EU) 2016/679 (GDPR) AND  
THE DATA PROTECTION ACT (CAP 586)**

To the Data Protection Officer

In terms of the General Data Protection Regulation I hereby request to have access to my personal data as indicated hereunder: [kindly indicate hereunder which personal document/s/data you wish to have access to by providing a clear and concise description thereof.]

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NAME: \_\_\_\_\_ ID NO \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use:**

HR Officer: \_\_\_\_\_ Date received \_\_\_\_\_

Data Protection Officer: \_\_\_\_\_ Date replied \_\_\_\_\_

Access Mode (*tick as appropriate*):

1-Report:  2-Copy  3-Physical File Access:

*If access mode is through Physical File Access, data subject is to sign below that access request has been met*

I confirm that my access request has been met: \_\_\_\_\_

DPO Signature: \_\_\_\_\_ Date settled \_\_\_\_\_