

PERSONAL INFORMATION REQUEST FORM

| | |
|---|--|
| Please submit the completed form to the Information Officer: | |
| Address to: | The Information Officer |
| Email Address: | dataprotection@synergycontactcentre.com |

Please be aware that we may require you to provide proof of identification prior to processing your request. There may also be a reasonable charge for providing copies of the information requested.

| | |
|--|--------------------------|
| A. Particulars of Data Subject | |
| Name & Surname | |
| Identity Number: | |
| Postal Address: | |
| Contact Number: | |
| Email Address: | |
| B. Request | |
| I request the organisation to: | |
| (a) Inform me whether it holds any of my personal information | <input type="checkbox"/> |
| (b) Provide me with a record or description of my personal information | <input type="checkbox"/> |
| (c) Correct or update my personal information | <input type="checkbox"/> |
| (d) Destroy or delete a record of my personal information | <input type="checkbox"/> |
| C. Instructions | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| D. Signature Page | |
| | |
| Signature: | |
| | |
| Date: | |
| | |