DATA SUBJECT ACCESS REQUEST FORM

This form should be used to request any copies of your personal data under Article 15 of the General Data Protection Regulation (GDPR). Please complete all sections, sign and date the Form, and provide a clear copy of (1) your current proof of identity (2) proof of your address that is dated within the past 6 months.

Section A

Full Name:	
Postal address:	
*Contact number:	
*E-mail address:	

*We may need to contact you to discuss your Access Request

Section B

I, --[insert name] wish to have access to personal information processed by Community Credit Union in accordance with Article 15 of the GDPR. My request is for copies of the data set out below.

Please give specific details of the data you are requesting e.g. dates, account numbers and any information which will assist us in forwarding the correct information to you promptly.

Data Request:

CHECKLIST:

1. Have you provided name, address and contact details?

2. Have you completed all details of the data you are requesting?

3. Have you provided specific dates for data required?

4. Have you signed and dated the Form?

5. Have you supplied clear copies of your identification and proof of address dated within the past 6 months?

If any information supplied is unclear, we may need to contact you to verify your request which may delay the process.

Note: We require proof of the applicant's identity to ensure that the person making the access request is the person whose data is being requested.

Please return this Data Subject Access Request Form and documentation to:

The Data Protection Officer, Community Credit Union, Villa Park Gardens, Navan Road, Dublin 7.

In accordance with the GDPR, we will provide the requested data within 30 days from receipt of your completed Data Subject Access Request Form. In the event of any delay, we will keep you informed as to the expected response time.

Signed by: _____

Date: _____