**Subject Access Request Form**

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| Under the General Data Protection Regulation, you are entitled as a data subject to obtain from the Company, confirmation as to whether or not we are processing personal data concerning you, as well as to request details about the purposes, categories and disclosures of such data.  You can use this form to request information about, and access to any personal data we hold about you. Details on where to return the completed form can be found at the end of this document. | | | | | | | |
| **1. Personal Details:** | | | | | | | |
| **Data Subject’s Name:** | |  | | | **DoB:** | \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_ | |
| **Home Telephone No:** | |  | | | **Email:** |  | |
| **Data Subject’s Address**: | | | | | | | |
| **Any other information that may help us to locate your personal data:** | | | | | | | |
| **2. Specific Details of the Information Requested:** | | | | | | | |
|  | | | | | | | |
| **3. Representatives** (only complete if you are acting as the representative for a data subject)  **[Please Note:** We may still need to contact the Data Subject where proof of authorisation or identity are required] | | | | | | | |
| **Representative’s Name:** | |  | **Relationship to Data Subject:** | | | |  |
| **Telephone No:** | |  | **Email:** | |  | | |
| **Representative’s Address**: | | | | | | | |
| **I confirm that I am the authorised representative of the named data subject:** | | | | | | | |
| **Representative’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **4. Confirmation** | | | | | | | |
| **Data Subject’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [print name] | | | | | | | |
| **Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Date:** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_\_ | | |
| **5. Completed Forms** | | | | | | | |
| **For postal requests, please return this form to:**   * **DPO/Privacy Office, ICAP People Solutions S.A., 2 El. Venizelou, 17676, Greece, or** * **Customer Care / Complaints Department, ICAP People Solutions S.A. , 2 El. Venizelou, 17676, Greece**   **For email requests, please return this form to**: [ps-privacy@icap.gr](mailto:ps-privacy@icap.gr) | | | | | | | |