

DATA SUBJECT ACCESS REQUEST FORM

Our use of the information on your identification document is strictly limited; the data will only be used to verify your identity and will not be stored for longer than needed for this purpose.

DATA SUBJECT'S DETAILS:

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other: <input type="checkbox"/>
Surname					
First name(s)					
Current address:					
Contact Telephone number:					
Email address:					
Date of birth:					

DATA SUBJECT'S PROOF OF IDENTITY:

In order to prove the applicant's identity, we need to see two pieces of identification (proof of Identity and proof of address), one from list A and one from list B below. Please indicate which ones you are supplying.

Please DO NOT send an original passport, driving licence or identity card

List A (photocopy of one from below)

List B (plus one original from below)

Passport/Travel Document	<input type="checkbox"/>	Utility bill showing current home address	<input type="checkbox"/>
Photo driving licence	<input type="checkbox"/>	Recent Bank statement (no more than 3 months)	<input type="checkbox"/>
Foreign National Identity Card	<input type="checkbox"/>		

DETAILS OF INFORMATION REQUIRED

Please use this space to give us any details about the information you are requesting, for example by stating specific documents you require (use extra sheets if necessary):

DETAILS OF PERSON REQUESTING THE INFORMATION (if not the data subject):

Are you acting on behalf of the data subject with their written or other legal authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If 'Yes' please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)					
Please enclose proof that you are legally authorised to obtain this information.					
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other: <input type="checkbox"/>
Surname:					
First name(s)					
Current address:					
Telephone number:					
Email address:					

AUTHORITY TO RELEASE INFORMATION TO A REPRESENTATIVE

A representative needs to obtain authority from the data subject before personal data can be released. The representative should obtain the data subject's signature below, or provide a separate note of authority.

This must be an original signature, not a photocopy (tip: using blue ink often helps verification).

I hereby give my authority for the representative named above to make a Data Subject Right Request on my behalf under Data Protection Legislation.	
Signature of data subject:	Date:
Signature of Representative:	Date:

Once we are satisfied that you meet the criteria for disclosure of data under the Data Protection Legislation, and have provided sufficient information for us to confirm your identity and accept your application for processing, you should receive a response within one calendar month from that date.

Please send your complete form along with the identification documents to:

MAP S.PLATIS
GDPR Unit
P.O. Box 59521, CY-4010, Limassol, Cyprus

E-mail: gdprunit@mapsplatis.com

DECLARATION

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that the MAP S.Platis may need to obtain further information from me/my representative in order to comply with this request.

Signature.....

Full Name.....

Date.....