

Data Subject Access Request Form



Version: 1-20180516

At any point while we are in possession of, or processing your personal data, you, the data subject, have the right to request a copy of the information that we hold about you. In order for eCOMM to provide you with the information we hold on you, we are required to obtain certain information from you to verify the request. Please complete this form by providing the required information and documents, signing and returning it to eCOMM Merchant Solutions.

Section 1 - Subject Details

Title Mr Mrs Miss Ms Other

Surname

First Name(s)

Address

Postcode

Country

Home Phone (+country/area codes)

Work Phone (+country/area codes)

Mobile Phone (+country/network codes)

Email Address

Date of Birth (DD/MM/YYYY)

Provide two copies of following forms of identification:(Passport, Driving licence, Birth certificate, Utility bill (from last 3 months), Current vehicle registration document, Bank statement (from last 3 months)

Details of identification provided to confirm name of data subject:

Section 2 - Details of Data Requested

Please state the details of the data you are requesting:

Are you acting on behalf of the data subject with their written or other legal authority?* Yes* No

If 'Yes', please complete your details in Section 3 below.

Section 3 - Details of Person Acting on Behalf of the Data Subject

**Please enclose proof that you are legally authorised to obtain this information.
(letter of authority, letters or official forms addressed to you on behalf of the data subject or power of attorney.)**

State your relationship with the data subject (e.g. parent, legal guardian or solicitor)

Title Mr Mrs Miss Ms Other

Surname

First Name(s)

Address

Postcode

Country

Home Phone (+country/area codes) Work

Phone (+country/area codes)

Mobile Phone (+country/network codes)

Email Address

Declaration

I, , the undersigned and the person identified in above, hereby request that eCOMM Merchant Solutions provide me with the data held on me, identified above.

Signature:

Date:

OR Subject Access Request form completed by an authorised person:

I, , the undersigned and the person legally authorised to obtain this information, hereby request that eCOMM Merchant Solutions provide me with the data about the data subject identified in the above.

Signature:

Date:

When completed, please return by post or email:

Data Protection Officer
eCOMM Merchant Solutions
Limited IDA Business &
Technology Park Johnstown
Navan
Co. Meath
C15 E8KV
Ireland

Email: dpo@ecomm365.com