

Access Request Form: Request for a copy of Personal Data

Data Protection Act 1988 and Data Protection (Amendment) Act 2003

Section A - please complete this section

Full Name.....

Postal address

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.....
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.....

Telephone/e-mail*

.....(include area code)

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

Section B - please complete this section

I,[insert name] wish to have access to data that I believe Team BDS retains on me as outlined below (please include the name of service(s) and any account / reference number relevant to your access request)

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Signed.....Date.....

Checklist: Have you:	Yes	No
completed the Access Request Form in full?	<input type="checkbox"/>	<input type="checkbox"/>
1) attached a photocopy of proof of your identity (e.g. passport or driver's licence) and address (e.g. utility bill)?	<input type="checkbox"/>	<input type="checkbox"/>
2) included payment by cheque, postal money order or prepaid (attach receipt) made payable to Team BDS in the amount of €6.00?	<input type="checkbox"/>	<input type="checkbox"/>
3) signed and dated the Access Request Form?	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked **No** to any question above, we regret that we cannot process your request.

Please return this form to: **Data Protection Co-Ordinator, Team BDS, Unit 5 First Floor, Riveroaks, Claregalway, Co. Galway**

Note: we require proof of the applicant's identity and address to ensure that the person making this access request is acting legitimately

Office Use only:

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