

# Subject Access Request Form

Account Number: (if applicable) \_\_\_\_\_

To receive a copy of your personal data held by Cairde Credit Union, you are encouraged to submit a written request with the below information to facilitate Cairde Credit Union in accurately identifying the locations of your personal data and responding to the request as quickly as possible. The request to the Data Protection Officer of Cairde Credit Union should also enclose proof of Identification and Address. Cairde Credit Union will validate and commence working on the request once all necessary information is received.

Please note that under the GDPR transposed in Irish Law under the Data Protection Act 2018, there are several circumstances where Cairde Credit Union may require additional time or may be obliged to reject the legitimacy of the request or withhold certain information from disclosure. Such circumstances will be notified to the requester by Cairde Credit Union where they are applicable.

## DATA SUBJECT CONTACT DETAILS

**Name** \_\_\_\_\_ **Surname** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Tel** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_

## FURTHER DETAILS

To help locate your personal data, please clearly state the information you require, with dates where known. Please provide us with as much information as possible to assist us in locating your data.

\_\_\_\_\_

\_\_\_\_\_

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## VALIDATION OF REQUEST

Please note that to validate the legitimacy of the request, Cairde Credit Union requires proof of the applicant's identity and address. Please provide:

**Proof of Identity** Driving Licence ☐ Passport ☐ Other (please specify) \_\_\_\_\_

**Proof of Address** Utility bill ☐

Other official document (please specify) \_\_\_\_\_ (must be within last 3 months)

## DECLARATION OF REQUESTER

I, \_\_\_\_\_ (insert name) declare that, to best of my knowledge, the information provided on this form is correct and wish to have access to the Personal Data that I believe Cairde Credit Union retains on me.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

## PLEASE RETURN THE COMPLETED FORM BY POST OR EMAIL

**Post:** Data Protection Officer, Cairde Credit Union, 3 – 6 Parnell Street, Dungarvan Co. Waterford.

**Email:** [dpo@cairdecu.ie](mailto:dpo@cairdecu.ie)