

DATA PROTECTION GOVERNANCE DOCUMENTS

FORM OF DATA SUBJECT'S REQUEST OF ACCESS TO PERSONAL DATA**1. DATA SUBJECT DETAILS:**

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other: <input type="checkbox"/>
Surname				
First name(s)				
Current address				
Telephone number:				
Home				
Work				
Mobile				
Email address				
Date of birth				
Details of identification provided to confirm name of data subject:	[specify whether you submit copy of identity card, passport, or drivers licence for identification purpose; once identification is accomplished, such copy/es will be promptly destroyed]			
Details of data requested:	[specify what personal data about yourself and what aspects concerning such data you want to receive information about]			

2. DECLARATION

I,, the person identified in (1) above, hereby request that Epure, Lizac si Asociatii SCA provide me with the data about me identified above.

Signature:

Date: