## **Data Subject Access Request Form**

At any point while we are in possession of, or processing your personal data, you can request a copy of the information that we hold about you.

This form is provided to make it easier for you to make the request.



Rev. 2021.02.12

Section 1 - Subject Details					
Title	Mr	Mrs	Miss	Ms	Other, specify:
Surname					
First Name(s)					
Address					
	Postcode		Co	ountry	
Phone number (+country/area codes)					
We may need to contact you to verify your identity and your entitlement to request the data.					
Section 2 - Details of Data Requested					
Please state the details of the data you are requ					
, , ,	J				
Are you acting on behalf of the data subject w	vith 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					
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, specify:
Surname					
First Name(s)					
Address					
Address	D ( )				
	Postcode		Со	untry	
Phone number (+country/area codes)					
Email Address					

## Section 5 - Signature Please sign and date this request. Signature: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ When completed, please return by post or email: Data Protection Officer, eCOMM Merchant Solutions, 2 Bedford Place, Navan, Co. Meath, C15 VRF3, Ireland

**Section 4 - Data transmission** 

Email: dpo@ecomm365.com

Please specify how you want us to send the data i.e. email, post etc.