

# General Data Protection Regulations 2016 – Subject Access Request Form

The General Data Protection Regulations (GDPR) 2016 provides you, the data subject, with a right to receive a copy of the data/information we hold about you or to authorise someone to act on your behalf. Please complete this form if you wish to see your data. You will also need to provide **proof of your identity**. Your request will be processed within 30 calendar days upon receipt of a fully completed form and proof of identity.

#### **Proof of identity:**

We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of two documents such as your birth certificate, passport, driving licence. The documents should include your name, date of birth and current address. If you have changed your name, please supply relevant documents evidencing the change.

### **Proof of address:**

We require proof of your address before we can disclose personal data. Proof of your address includes an official letter addressed to you at your address e.g. bank statement, recent utilities bill or council tax bill.

## Section1

Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.

Title: Mr □ Mrs □ Ms □ Miss □ Other □
Surname/ Family Name:
First Name(s)/Forenames:
Date of Birth:
Address:
Eir Code:
Previous Addresses:
Previous Eir Code:

Day Time Telephone Number (s):	
I am enclosing the following copies as proof of identity/address:	
Birth certificate□ Driving Licence□ Passport□ An official letter to my address □	
Caseys Furniture Subject Access Request Form	
Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal	
offence and is liable to prosecution.	
I wish to:	
Receive the information by post*  Collect the information in person	
View a copy of the information only Email	
*This will require payment. Please be aware that if you wish us to post the information to you, we will take every care to ensure is addressed correctly.  However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in household.	
Requests for CCTV footage held	
Purpose of request:	
Date: DD / MM / YYYY   Time (Within 2 Hours): 12:00 - 24:00	

Caseys Furniture will retain the information provided and only share the information with those it is legally entitled to. The information will only be kept for as long as necessary and in accordance with Caseys Furniture retention policy, will be disposed of in a safe and secure manner.

# Section 2

Please complete this section of the form with your details if you are acting on behalf of someone else (i.e. the data subject).

If you are **NOT** the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other	r 🔲					
Surname/ Family Name:						
First Name(s)/Forenames:						
Date of Birth:						
Address:						
Eir Code:						
Previous Addresses:						
Tovious Audioses.						
Eir Code:						
Day Time Telephone Number (s):						
am enclosing the following copies as p	roof of	identity/ad	ddress:			
Birth certificate□ Driving Licence□	Pa	ıssport□	An official letter to	my address [		
		•				
What is your relationship to the data subject? (e.g. parent, carer, legal representative)						
I am enclosing the following copy as pr	oof of I	legal autho	orisation to act on be	nalf of the dat	a subject:	
Letter of authority			or Enduring Power			
Evidence of parental responsibility		Other (	Give Details)			
Other (Give Details):						

am the person to whom it relates. I understar	form is correct to the best of my knowledge and that I and that Caseys Furniture is obliged to confirm proof of obtain further information in order to comply with this				
Name:					
Signature:	Date:				
<u>OR</u>					
Authorised person – Declaration (if applica	ıble):				
<u> </u>	n behalf of the data subject. I understand that Caseys ty/authority and it may be necessary to obtain further t access request.				
Name:					
Signature:	Date:				

## Please send your completed form and proof of identity to:

Data Controller	<u>OR</u>	datacontroller@caseys.ie
Sitecast Industrial Estate,		
Pouladuff Road,		
Cork		

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