

DIVINE WORD MISSIONARIES
Data Subject Access Request Form

Full Name:

Address:

Telephone:

Email:

Are you the Data Subject?

If YES; please supply evidence of your identity, i.e., something bearing your signature such as a copy of driving license or passport.

If NO, and you are acting on behalf of the Data Subject, please provide us with their written authority.

Please provide us with their...

Full Name:

Address:

Telephone:

Email:

Please describe your relationship with the data subject that leads you to make this request for information on their behalf

Please describe the information you seek together with any other relevant information. This will help to identify the information you require

DECLARATION:

To be completed by all applicants. Please note that any attempt to mislead may result in prosecution.

I...

certify that the information given on this application form to the Divine Word Missionaries is true. I understand that it is necessary for the Divine Word Missionaries to confirm my/the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct Personal Data.

Signature:

Date:

A response to an Access Request will be supplied to the individual within 30 days of receiving the request.

Please return the completed form to...

Divine Word Missionaries
3, Pembroke Road
Dublin 4, Ireland,
D04 N5W6.

Documents which must accompany this application include...

- Evidence of your identity
- Evidence of the data subject's identity (if different from above)
- Authorisation from the data subject to act on their behalf (if applicable)

Please include a stamped addressed envelope for return of proof of identity.