Data Request Application

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| Applicant Details |
| **Name** |  |
| **Company** |  |
| **Preferred Method of Communication** | Email |  |
| Letter |  |
| **Postal Address***(subject to the above)* |  |
| **Email Address***(subject to the above)* |  |
| **Date** |  |
| Data Subject Details |
| **Name***(if different from the above)* |  |
| **Capacity** | Employee |  |
| Ex-Employee |  |
| Client Employee |  |
| Policyholder |  |
| Other |  |
| **Nature of Request** | Data Enquiry |  |
| Data Amendment |  |
| Right to be Forgotten |  |
| **Company Holding Data** | Specify if known |  |
| **Period which Request relates to** | Please provide Dates |  |
| **Supplementary Information***Please supply any further information that may enable CRS to identify the data that it holds for you, such as a Policy Number.* |  |