

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 authorize 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 license, or an official letter addressed to you at your address (e.g., bank statement, recent utilities bill or council tax bill). 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.

Administration fee:

Cincom's policy is not to charge for Subject Access Requests.

Section 1

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:

Post Code:

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Previous Addresses:		
Post Code:		
Daytime Telephone Number(s)		

I am enclosing the following copies as proof of identity:

Birth Certificate Driver's License Passport An official letter to my address

If none of these is available, please contact Cincom for advice at dataprotectionoffice@cincom.com

Personal Information

My relationship with Cincom is/was as:

- Employee
- Contractor
- Customer
- Supplier
- Prospect

Other: _____

The period during which I had a relationship with Cincom was/ is:

From: _____

To: _____

I am requesting information held by:

All Cincom

Other – please specify names _____

If you only want access to some of your information, please indicate in the Details section below.

Details:

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Employment records

If you are now or have been employed by Cincom and are seeking personal information in relation to your employment, please provide details of your employee number and/or dates of employment.

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 –

Surname/Family Name:

First Name(s)/Forenames:

Date of Birth:

Address:

Post Code:

Daytime Telephone Number(s)

Please provide proof of identity of the data subject as detailed on page 1.

I am enclosing the following copies as proof of my identity:

Birth Certificate Driver's License Passport An official letter to my address

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If none of these is available, please contact Cincom for advice at dataprotectionoffice@cincom.com

What is your relationship to the data subject? (e.g., parent, care giver, legal representative)

I am enclosing the following copy as proof of legal authorization to act on behalf of the data subject:

Letter of authority Lasting or Enduring Power of Attorney

Evidence of parental responsibility Other (*give details*):

Data Subject Declaration:

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that Cincom is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

Name:

Signature:

Date:

OR

Authorized person – Declaration (if applicable):

I confirm that I am legally authorized to act on behalf of the data subject. I understand that Cincom is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

Name:

Signature:

Date:

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Warning: A person who unlawfully obtains or attempts to obtain data is guilty of a criminal offense and is liable to prosecution.

I wish to:

Receive the information in electronic format (some files may be too large to transmit electronically and we may have to supply in CD format)

Receive the information by post* Collect the information in person
View a copy of the information only Go through the information with a member of the staff

*Please be aware that if you'd like us to post the information to you, we will take every care to ensure that it 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 your household. Lost or incorrect delivery may cause you embarrassment or harm if the information is "sensitive".

Please send your completed form and proof of identity to:

Data Privacy Officer
Cincom Systems
55 Merchant Street
Cincinnati, Oh 45246
dataprotectionoffice@cincom.com

Cincom will retain the information provided and only share the information with those who are legally entitled to it. The information will only be kept for as long as necessary and in accordance with Cincom's retention policy. It will be disposed of in a safe and secure manner.