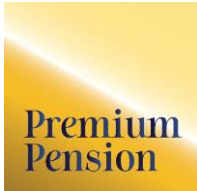


## DATA SUBJECT ACCESS REQUEST FORM

**Note: By completing this form, you consent that Premium Pension Limited would use your personal data to process your request and provide you with a relevant response to your inquiries.**

Your rights as a data subject can be exercised by completing this form and submitting via email or to the address at the bottom of this form	
In Person <input type="checkbox"/>	By Proxy <input type="checkbox"/>
Date __/__/20__	
<b>Details of the Person Requesting Information</b>	
Full Name:	
Date of Birth:	Telephone No:
Contact Address:	
<b>Details of Proxy (If Applicable)</b>	
Surname/ Family Name:	
First Name(s)/Forenames:	Telephone No:
Date of Birth:	Email Address:
Contact Address:	
<b>Relationship to the Data Subject:</b>	
<i>A Proxy must enclose a copy of a power of attorney or data subject's written authority and proof of the data subject's identity and proxy's identity (such as International Passport, drivers licence, national identity card, employee identity card, birth certificate etc)</i>	
<b><u>Any other information that may aid us to process this request</u></b>	
<b>Please tick the appropriate box and read the instructions which follow it:</b>	
Right of Access [ ]	Right to Erasure [ ]
Right to Object [ ]	Right to Restriction of Processing [ ]
Right to Rectification [ ]	
Right to Portability [ ]	



**Details of Request:** *Please describe the information you are seeking and provide any relevant details you think will enable us to identify the information you require.*

**Preferred Medium of Feedback**

*Please tick the appropriate box below:*

- Email
- In writing to Correspondence Address
- Premium Pension Head-Office
- Other \_\_\_\_\_

I confirm that I have read and understood the Premium Pension Data Subject Access Request Policy and the Data Privacy and Protection Policy. In consideration of all the information stated herein, I certify that the information provided in this Form is correct to the best of my knowledge and that I am the person to whom it relates.

**Name:**

**Signature:**

**Date:**

***For postal requests, please return this form to:***

Data Protection Officer

**[INSERT ADDRESS]**

All email requests should be sent to [pplrisk@premiumpension.com](mailto:pplrisk@premiumpension.com)