

# Data Subject Access Request Form

Please submit your completed request form as a secure e-mail attachment to info@uskalabs.com.

We shall respond to your request in one calendar month after your request has reached us, and we shall do so free of charge notwithstanding extraordinary efforts on our part.

We may also need identity-proving documentation on your part such that we can verify the identity of the requester, we may also contact you about your request in order for us to hasten the process

## 1. Data Subject's Contact Information

Please provide the Data Subject's information in the space provided below. If you are making this request on the Data Subject's behalf, you should provide your name and contact information in Section III.

Name – Surname:	
Address:	
Telephone number:	
Email address:	
Please provide any other unique identifiers or related information to help us about your Personal Information:	

## 2. Proof of Data Subject's Identity

We will be unable to act on any request until we are able to identify you. Please provide identification that clearly shows the name, date of birth, and current address of the person their request is about.

Acceptable ID: a photocopy or a scanned image of your passport or photo identification such as a driver's license, national identification number, passport number or similar, plus evidence of residence address/work address for service, mobile phone/telephone/fax number, e-mail address, etc.

## 3. Requests Made on a Data Subject's Behalf

Please complete this section of the form with your name and contact details if you are acting on the data subject's behalf.

Full Legal Name of Representative:	
Address:	
Email address:	
Phone Number:	

#### 4. Proof of Authorized Person's Identity and Authority to Act:

The authorized person should provide ID which meets the criteria set out in section II above. This is in addition to the data subject's identification, which is still required.

Please provide a copy of your legal authority to act. We accept a copy of the following as proof of your legal authority to act on the data subject's behalf: a written consent signed by the data subject and dated within the last 3 months, a certified copy of a Power of Attorney, or evidence of parental responsibility.

#### 5. Information Requested:

##### Which right do you wish to exercise?

- Right of access
- Right to rectification (i.e., to correct personal data, or to complete incomplete data)
- Right to erasure (right to be forgotten)
- Right to restriction of processing
- Right to data portability
- Right to object to processing

To help us process your request quickly and efficiently, in the box below, please provide as much detail as possible about the personal data you are requesting access to, or correction or erasure of. Please include time frames, dates, names, types of documents, file numbers, or any other information to help us locate your personal data.

We shall contact you for additional information if the scope of your request is unclear or does not provide sufficient information for us to conduct a search (for example, if you request "all information about me").

Please specify your request here.

**6. Signature and Acknowledgment**

I confirm that the information provided on this form is correct and that I am the person whose name appears on this form / I am authorized to act on behalf of the data subject

Signature: \_\_\_\_\_

Name - Surname: \_\_\_\_\_

Date: \_\_\_\_\_