

## Access request form

(Print This Page)

**PLEASE NOTE: This form should not be used by individual's seeking information or Certification regarding security clearance and/or criminal records held in Ireland.**

Request for a copy of Personal Data under section 4 of Data Protection Acts 1998 and 2003  
Data Protection Act 1988 and Data Protection (Amendment) Act 2003

**Important:** A fee of €6.35, a photocopy of your proof of identity (e.g. passport or driver's licence) and a photocopy of proof of address (e.g. utility bill) must accompany this Access Request Form (see Note below).

### Section A - please complete this section

Full Name:

Postal address:

Telephone/e-mail\* (include area code)

(we may need to contact you to discuss your Access Request)

### Section B - please complete this section

I, [insert name] wish to have access in accordance with section 4 (please include the name of service(s) and any account / reference number relevant to your access request.)

If you require extra space, please attach and sign an additional sheet of paper with these details).

Signed: \_\_\_\_\_

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

### Checklist

Have you:

- Completed, signed and dated the Access Request Form?
- Attached a photocopy of proof of your identity and address?
- Included a cheque or postal money order made payable to Assist Insurances Ltd in the amount of €6.35?

**If you have ticked No to any question above (except question 1) we regret that we may not provide you with the data requested. The use of this form is not mandatory. However completing this form should enable us to process your request more efficiently.**

Please return this form to:

C/O Compliance Officer, Assist Insurances Ltd, Unit 1, 12 Uam Var Avenue, Bishopstown, Cork.

**Note: we require proof of the applicant's identity and address to ensure that the person making this access request is acting legitimately**