

DATA SUBJECT ACCESS REQUEST FORM

A data subject is an individual who is the subject of the personal data. You have the right to request for personal data we may hold about you. This is known as a Data Subject Access Request (DSAR). If you wish to make a DSAR, please complete this form and return to us by post or email.

If sending by post, please use the following address:

Data Compliance Manager: Paolo Zucchini
Guided Ultrasonics Ltd.
 Wavemaker House
 Unit 3 Brentwaters Business Park,
 The Ham, Brentford
 TW8 8HQ
 United Kingdom

If sending by Email, please use the following address: it@guided-ultrasonics.com and write "Data Subject Access Request" in the subject field of the email.

DATA SUBJECT'S INFORMATION

1. First Name(s)	2. Surname (Family Name)	3. Date of Birth (YYYY-MM-DD)
4. Email	5. Telephone Number	
6. Current Address		

REQUEST DETAILS

To help us search for the information you require, please let us know the data you require with as much detail as possible (e.g. copies of emails between <date> and <date>). If we do not receive sufficient information to locate the data you require, we may be unable to comply with your request.

7. Details of Data Requested

8. Data Recipient
Is the information going to be sent to the data subject or his/her representative? <input type="checkbox"/> To the Data Subject <input type="checkbox"/> To the Representative

CONFIRMATION

9. Confirmation	
I confirm that I am the Data Subject.	
Signature: _____	
Print Name: _____	Date: _____

IDENTITY VERIFICATION

Copy of ID and Proof of Address must be enclosed (including a government issued ID document) to verify identity.

10. Identity Verification	
I enclose a copy of my ID and Proof of Address proof documents.	
<input type="checkbox"/> Data Subject's ID	<input type="checkbox"/> Proof of Address

AUTHORIZATION TO REPRESENTATIVE

If question 8 was answered with "To the Representative", the Data Subject (whose data is being requested) must give written authorisation for the information to be released to his/her authorised representative.

11. Data Subject Authorization to Representative	
I hereby give my authorization to _____	
to request access to my personal data. <i>(Fill out the name of the authorized representative).</i>	
Signature <i>(Data Subject)</i> _____	
Print Name: _____	Date: _____

REPRESENTATIVE CONFIRMATION

To be filled out by the representative of the data subject.

12. Representative Confirmation	
I confirm I am the representative of the Data Subject.	
Signature: _____	
Print Name: _____	Date: _____

DATA DELIVERY ADDRESS

The address where personal data is to be sent is:

13. Data Delivery Address	
_____ _____ _____	

We will make every effort to process your data subject access request as quickly as possible within 30 calendar days. However, if you have any queries whilst your request is being processed, please do not hesitate to contact us at this email address: it@guided-ultrasonics.com.