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| **Claffey & Egan Financial Brokers**  **Ballinahown**  **Athlone**  **Co.Westmeath** | |
| **Customer Data Access Request Form** | |
| As our customer, you are entitled to request a copy of the personal data we  hold about you within 30 calendar days for no charge. No information will be  provided until all sections of this form are completed and sent back to us.  This form enables us to process your request accurately and within our  designated time frame so as to get information back to you safely and without  delay. Please provide the information requested in full using block capitals.  Please note the following:   * If the policy is written as a Dual/Joint life we will require 2 access request   forms to be completed (one by each policyholder)   * If the data access request form comes back filled in with only 1 policy   holders details we will only be able to send the particulars of that person.  **WE WILL UNDER NO CIRCUMSTANCES SEND THE SECOND**  **POLICY HOLDERS INFORMATION WITHOUT A SIGNED DATA REQUEST**  **FORM FROM THEM.**   * If there is something in particular you are looking for, please specify this in the   box provided   * **PLEASE NOTE IN KEEPING WITH DATA PROTECTION GUIDELINES**   **WE WILL REQUIRE A COPY OF PHOTOGRAPHIC ID FOR EACH**  **PERSON REQUESTING INFORMATION – NO INFORMATION WILL**  **BE SUPPLIED UNLESS THIS IS PROVIDED**   * You can post this form to us at the following address: **Data Access requests**   **Claffey & Egan Finanical Brokers, Ballinahown, Athlone, Co. Westmeath**.  On receipt of this signed form we will process your case and post the  information requested to the address specified below for your attention.  Alternatively, you can access this form via our website at [www.cefinance.ie](http://www.cefinance.ie) or  via email at [info@cefinance.ie](mailto:info@cefinance.ie) in which case we will send your personal data to  the email address you provide us in a secure (encrypted) format.  PLEASE ENSURE ALL INFORMATION IS CORRECT SO AS TO GET  PERSONAL INFORMATION BACK TO YOU SAFELY. | |
| **Customer Data Access Request Form** | |
| **1. Customer Name *(Please give us***  ***your full name)*** |  |
| **2. Postal Address *(Please give us***  ***your correspondence* address)** |  |
| **3. Email Address *(if you wish to***  ***receive your data by secure email)*** |  |
| **4. Date Of Birth** |  |
| **5. Policy No.(s)** |  |
| **6. If there is something in particular**  **you are looking, please specify here**  **giving as much detail as you can.** |  |
| **6. Customer Signature** |  |
| **7. Date** |  |
| **Office Use Only**  **Date Received** |  |