

Data Protection Rights Request Form



This form is to be used by individuals who wish to exercise their rights under the Data Protection Acts 1988-2018.

Please Note:

1. All requests received in writing should be clearly signed by the applicant.
2. Where appropriate photographic identification should be provided with all requests, along with up to date address verification. This is to ensure that personal information is not given to the wrong person.
3. Within the terms of the Data Protection Act 1988-2018, Waterford Credit Union Limited will respond to your request for personal data within 30 calendar days.
4. Requests should be submitted to: Data Security Officer, Waterford Credit Union Limited, Grange, Waterford or dpo@waterfordcu.ie

Please fill in as much information as possible to assist us to locate the data against which you wish to invoke your rights. You should also include any additional details that would help to locate your information.

Data Protection Rights Request Form



Membership Number _____

Section 1: Personal Details

First Name(s) _____ Surname _____

Home Address _____

Date of Birth ____/____/____

Mobile Number _____ Home Number _____

Email Address _____

Section 2: Which Right are you exercising?

Right	Please tick (✓) as appropriate
Information i.e. copy of WCU Privacy Notice	
Subject Access Request (Access to your personal data)	
Rectify personal data	
Erase personal data	
Restrict data processing	
Object to data processing	
Receive a copy of your personal data or transfer your personal data to another data controller	
To intervene in automated decisions about you including profiling	

Data Protection Rights Request Form



Section 3: Additional Information

Please use the space below to provide further details that may help us to deal with your request. For subject access requests please provide as much detail as possible to help us locate the information sought by you i.e. specific documents or information you are seeking, types of documents, any relevant time periods my help us to locate your information.

If you are making a subject access request and would like to receive a copy of the personal data you are requesting access to, please indicate below whether you would like a hard copy or an electronic copy (email):

Hard Copy ()

Electronic Copy () Email Address _____

Data Protection Rights Request Form



Section 4: Declaration

I confirm that the information provided on this form is correct and that I am the account holder. I understand that:

1. Waterford Credit Union may confirm proof of identity and may need to contact me for further information.
2. My request will not be valid until the credit union receives all the required information to process the request
3. I am entitled to one free copy of the personal data I have requested and acknowledge that any further copies I request may incur a reasonable fee to cover administrative costs.

Signed _____ (print name)

Signature _____ Date _____

Checklist (for credit union use only)

Date Application Received _____

Identification received Yes () No () Type _____

POA Type Yes () No () Type _____

Declaration Signed Yes () No ()

Right selected Yes () No () Right _____

Date to respond by _____