BLANCHARDSTOWN & DISTRICT CREDIT UNION
SUBJECT ACCESS REQUEST FORM

Member to complete this form in full in order to request for a copy of their Personal Data

Important: 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.

Note: we require proof of the applicant's identity and address to ensure that the person making this access request is acting legitimately. Proof of address must be dated within 3 months of the date of this access request.

Section A- please complete this section	
FULL NAME	
MEMBER NUMBER	
POSTAL ADDRESS	
TELEPHONE/ MOBILE	
EMAIL DETAILS	

Section B – please complete this section
I, ……………………………………………………………………[insert name] wish to have access to data that I believe Blanchardstown & District Credit Union retains on me as outlined below (please include the name of service(s) and any account number relevant to your access request below)
Personal information you are requesting: Please be specific as this will help speed up our response. Please use this space to include any notes to help us locate the information you are requesting.
Additional Information that may assist in the processing of this request:

Membership Application	Loans	Foreign Currency / Transfers	Cash Draw
Travel Insurance	Home Insurance	Credit History	Any other data categories

Signed by Member:		**Dated by Member:**	
Signed by BDCU staff:		**Dated by BDCU staff:**	

Member check list

Completed the Access Form in Full	YES / NO	Signed and Dated this form	YES /NO
Included a photocopy of your proof of identity	YES/NO	Included a photocopy of proof of your current address	YES/NO

Please return this form to:
Data Protection Officer, Blanchardstown & District Credit Union, 9 Blanchardstown Business Centre, Clonsilla Road, Dublin 15.
For further assistance contact us by email at : dpo@blanchardstowncu.ie