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## 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.

<b>Section A- please complete this section</b>			
<b>FULL NAME</b>			
<b>MEMBER NUMBER</b>			
<b>POSTAL ADDRESS</b>			
<b>TELEPHONE/ MOBILE</b>			
<b>EMAIL DETAILS</b>			
<b>Section B – please complete this section</b>			
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)			
<b>Personal information you are requesting:</b> 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.			
<b>Additional Information that may assist in the processing of this request:</b>			
Membership Application	Loans	Foreign Currency / Transfers	Cash Draw
Travel Insurance	Home Insurance	Credit History	Any other data categories

<b>Signed by Member:</b>	<b>Dated by Member:</b>
<b>Signed by BDCU staff:</b>	<b>Dated by BDCU staff:</b>

**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**