

#### **DATA SUBJECT ACCESS REQUEST FORM**

You have the right to request for personal data we may hold about you. This is known as a Data Subject Access Request ("DSAR"). A data subject is an individual who is the subject of the personal data. 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 Protection Officer [Ayman Khlif] Merino Services BV Stationsstraat 17 5038 EA TILBURG The Netherlands	
If sending by Email, please use the following address: DPO@merinoservices.com. Please write "Data Subject Access Request" in the subject field of the email.	
1. Data Subject's Full Name	2. Data Subject's Date of Birth
3. Data Subject's Current Address	
4. Data Subject's Telephone Number	
Home Telephone No:	Mobile Telephone No:
5. Details of data requested:	

#### Merino Consulting Services B.V.

**C.O.**: Stationsstraat 17 5038 EA Tilburg, The Netherlands | Tel.: +31 (0)13 3031110 | Reg. Number: 58077812 | Email: contact@merinoservices.com Web: www.merinoservices.com



6. 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 no</date></date>	ot
receive sufficient information to locate the data you require, we may be unable to comply wit	
your request.	
your request.	
7. Is the information going to be sent to the data subject or his/her representative?	
To the data subject $\ \square$ To the representative $\ \square$	
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If the data is sent to the representative, then sections 9 and 10 need to be filled out.	
8. I confirm that I am the Data Subject.	
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Signature:	
Print Name:	
Date:	
Date.	
I enclose a copy of my ID and address proof documents (including a government issued ID	
document).	
9. (To be filled out if the question 7 is answered with "To the representative") The Data Subject	ct
(whose data is being requested) must give written authorization for the information to be	
released to his/her authorized representative.	
I hereby give my authorization for (fi	ill
out the name of the authorized representative) to request access to my personal data.	
Signature of Data Subject:	

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Print name:
Print name:
10. (To be filled out by the representative of the data subject) I confirm that I am the
authorized representative of the Data Subject.
Name of authorized representative and address where personal data is to be sent:
Signature
Signature:
Print Name:
Date:

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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: [email of the person in charge of escalation of data protection issues]

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