

## DATA SUBJECT ACCESS REQUEST FORM

### 1. Details of the person requesting information

Full Name :

Address :

Contact Number :

Email Address :

### 2. Are you the data subject?

☐ I am the data subject. I enclose proof of my identity.

☐ I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity.

**Proof of Identity and Address :** Passport, Driving License with Photo, Voter ID, Aadhar Card, etc.

### 3. I am acting on behalf of the data subject (If different from section 1):

Full Name :

Address :

Contact Number :

Email Address :

## 4. What information are you seeking?

[Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require.]

## 5. Declaration :

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application to AVIZVA is true. I understand that it is necessary for AVIZVA sight to confirm the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

**Signed .....**

**Date .....**

<b>Note No. 1:</b>	Documents which must accompany this application/form: <ul style="list-style-type: none"> <li>• Evidence of your identity;</li> <li>• Evidence of the data subject's identity (if different from above);</li> <li>• Authorization from the data subject to act on their behalf (if applicable).</li> </ul>
<b>Note No. 2:</b>	Please email the completed form to <a href="mailto:Legal@avizva.com">Legal@avizva.com</a> and CC <a href="mailto:ithelpdesk@avizva.com">ithelpdesk@avizva.com</a>