

## PERSONAL DATA REQUEST FORM

# With reference to GDPR (General Data Protection Regulation) I wish to receive information about treatments of my personal data

I wish to receive a copy of all my personal records  $\Box$ 

I only wish to receive a copy of certain personal records. Please specify:

#### **Personal information**

First and last name:	
Company name:	
Date of birth:	
Home address:	
Email Address:	
Telephone Number:	

#### Identification

You must provide a form of identification to confirm your identity. Photocopy is accepted. **WARNING** it is a criminal offence to obtain another person's information by deception.

#### Acceptable proof of identity:

\*Current Passport

\*Unexpired photo card driving licence (full or provisional)

Date:

Signature:

### Send the original request and form of identification to:

Service Works Global Nordic AB Bruksgatan 17 632 20 Eskilstuna SWEDEN

We intend to respond to a personal data request promptly and in any event within 30 calendar days of receiving it. Respond will be sent to your stated home address.