



Data Request Application

Applicant Details		
Name		
Company		
Preferred Method of Communication	Email	
	Letter	
Postal Address <i>(subject to the above)</i>		
Email Address <i>(subject to the above)</i>		
Date		
Data Subject Details		
Name <i>(if different from the above)</i>		
Capacity	Employee	
	Ex-Employee	
	Client Employee	
	Policyholder	
	Other	
Nature of Request	Data Enquiry	
	Data Amendment	
	Data Transfer	
	Right to be Forgotten	
PHCRE Company Holding Data	Specify if known	
Period which Request relates to	Please provide Dates	
Supplementary Information <i>Please supply any further information that may enable PHCRE to identify the data that it holds for you, such as an Employee Number or a Policy Number.</i>		

