### Data Subject Access Request Form

***Before filling out this form please read the Explanatory Notes***

***1. Details about the individual making the request***

|  |  |
| --- | --- |
| Your full name |  |
| Your address |  |
| Your relationship with PwC  *(e.g. employee / client, etc.)* |  |
| Your telephone number |  |
| Your email address |  |

***2. Please complete this section if you are or were employed by PwC***

|  |  |
| --- | --- |
| Staff number / personnel number *(if possible)* |  |
| Line of Service |  |
| Business Unit |  |
| Joining date |  |
| Leaving date (if applicable) |  |

***3. What actions do you require PwC to take in relation to your personal data? (Please be as specific as possible)***

|  |
| --- |
|  |

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***4. Further information to help us respond to your request***

|  |  |  |
| --- | --- | --- |
| Are you seeking information about a specific event or period of time?  (select as appropriate) | Yes | No |

***5. To assist PwC in locating the data you require, it would be helpful if you could provide the following details:***

|  |  |
| --- | --- |
| Specify the event |  |
| Specify the time period |  |

***6. If you think that specific partners or staff may hold personal data about you please name them below:***

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**Signature of data subject …………………………………………………….**

**Print name in CAPITALS …………………………………………………….**

**Dated …………………………………………………….**

***Explanatory notes***

1. If you are filling out the form on someone's behalf, please complete and return the form together with the authority to act, signed by the person who is authorising you to act on their behalf.

2. Sometimes people are interested in data relating to a specific event or time period. If you indicate that you only seek data relating to such an event or time period, you will receive personal data only in relation to this. It will save you having to go through large numbers of unrelated papers that may be of little interest to you at this point in time.

3. If you are requesting your health records, please be advised that PwC may not hold these. You may need to make a separate request to the relevant healthcare provider.

4. If you believe that members of staff are holding personal data about you, please name them on the form. Please note that people will be informed that searches of their PwC IT accounts and hardware will be conducted and they will therefore be aware that you have made a request.

5. We will endeavour to provide you with your personal data or take the action requested as soon as possible, however, this may take up to one month. In some cases, depending on the complexity of the case, it may take longer than one month. This period will commence once we have sufficient information to begin searches (including appropriate identification).

6. You are entitled to personal data about you. Some documents may contain personal data relating to a person other than you, or might contain other data not relating to you. Where this is the case, we will block out the data not personal to you.

7. You understand that we cannot release any data without checking that it is released to the right person. Therefore we ask you to provide us with either original or certified copies of the following: identity card or passport.

**Once completed, please return the form and your identification documents to: [ro\_privacy@pwc.com](mailto:ro_privacy@pwc.com)**

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### Authority to Act

***Please complete this form if you are appointing someone to act on your behalf in relation to your data subject access request.***

***If you do not complete an Authority to Act, we will not be able to deal with anyone else but you in relation to your request.***

I hereby appoint the person whose name and contact details appear below to act on my behalf in relation to this data subject access request and I authorise that this person be provided with my personal data (which may include sensitive personal data).

|  |  |
| --- | --- |
| Full name of person with authority to act |  |
| Company name (if applicable) |  |
| Address |  |
| Relationship to me |  |
| Telephone number |  |
| Email address |  |

**Signature of data subject …………………………………………………….**

**Print name in CAPITALS …………………………………………………….**

**Dated …………………………………………………….**

### 

### AUTHENTICATED BY PUBLIC NOTARY

### \*\*\*\*IMPORTANT\*\*\*\*\*

### This authority to act form shall be:

### - notarised with a public notary, or

### - signed by the data subject using a qualified e-signature