

## **Access Request Form**

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Professional Leaflet Distribution & Printing Solutions

PLEASE NOTE: This form should not be used by individual's seeking information or certification regarding security clearance and / or criminal records held in Ireland.

Request for a copy of Personal Data under section 4 of Data Protection Acts 1998 and 2003 Data Protection Act 1988 and Data Protection (Amendment) Act 2003 Important: A fee of €6.35, a photocopy of your proof of identity (e.g. passport or driver's licence) and a photocopy of proof of address (e.g. utility bill) must accompany this Access Request Form (see Note below).

## Section A - please complete this section

Full Name:	
Postal Address:	
Phone Number: (Include area code)	
Email Address:	
* we may need to contact you to	) discuss your access request.

## Section B - please complete this section

I, Linsert name] wish to have access in	
accordance with section 4 (please include the name of service(s) and any accounts / reference number releva	ant
to your access request. If you require extra space, please attach and sign an additional sheet of paper with the	ese
details).	

Signed:	Date:
Checklist	Yes No
Have you:	completed, signed and dated the Access Request From?
	attached a photocopy of proof of your identity and address?
	included a cheque or postal money order made payable to Leaflet Marketing Ireland in the amount of €6.35?
	u have ticked No to any question above (except question 1) we regret that we may not provide you h the data requested. The use of this form is not mandatory. However completing this form should enable us to process your request more efficiently.
	Please return this form to: ficer, Leaflet Marketing Ireland Limited, 56 Western Parkway Business Park, Ballymount, Dublin 12. ote: we require proof of the applicant's identity and address to ensure that the person making this access request is acting legitimately