



## **Access Request Form**

**Access Request Form:** Request for a copy of Personal Data under “Data Protection Legislation” means the EU General Data Protection Regulation (GDPR) 2016/679 and any applicable legislation or regulations that implement the GDPR into national law in addition to any other applicable law or regulation relating to the processing of personal data and to privacy, as such legislation shall be amended, revised or replaced from time to time

**This form is for the use of Gateway Merchants Services Limited trading as PaymentPlus and its subsidiaries only.**

**Important: A copy of photo identification and recent proof of address must accompany this Access Request Form (see Note below).**

**Section A - please complete this section :**

**Full Name**.....

**Postal address:**  
.....  
.....  
.....  
.....

Telephone\* .....(include area code) and e-mail\* .....

\* we may need to contact you to discuss your Access Request

**Section B - please complete this section :**

I, .....[insert name] wish to have access to data that I believe PaymentPlus retains on me as outlined below, please include the name of service(s) and any account / reference number relevant to your access request:

	<b>Reason for request:</b>

Signed..... Date...../...../.....

<b>Checklist: Have you:</b>	<b>Yes</b>	<b>No</b>
1) completed the Access Request Form in full?	<input type="checkbox"/>	<input type="checkbox"/>
2) provided a copy of photo identification and recent proof of address?	<input type="checkbox"/>	<input type="checkbox"/>
3) signed and dated the Access Request Form?	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked No to any question above we regret we cannot process your request.

Please return this form to: **The Customer Services Department, PaymentPlus, Geddes House, Kirkton North, Livingston, EH54 6GU.**

**Office Use only:**

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