SUBJECT ACCESS REQUEST FORM

You should complete this form if you want us to supply you with a copy of any personal data we hold about you. You are entitled to receive this information under the EU General Data Protection Regulation (GDPR).

We will also provide you with information about any processing of your personal data that is being carried out, the retention periods which apply to your personal data, and any rights to rectification, erasure, or restriction of processing that may exist.

We will endeavour to respond promptly to your request, and in any event:

- Within 30 days of receipt of your written request; or
- Within three months of the day of receipt of your written request where the request is complex or there are numerous requests

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request.

You are not obliged to complete this form to make a request but doing so will make it easier for us to process your request quickly.

Section 1 - About yourself

| Title (Mr, Ms etc.) | Date of Birth | |
|------------------------|-------------------|--|
| Surname/Family Name | Sex (Male/Female) | |
| First Names | | |
| Maiden/Former surnames | | |
| Telephone Number (Day) | | |
| Email address | | |
| Home Address | | |
| | | |
| Post Code | | |

If you would have been known to us by a different name, or at a different address (home or business) during the period to which the information you are seeking relates, please state the name(s) and address(es) below:

| Name | From (Date): | | To (Date): | |
|---------|--------------|--|------------|--|
| Address | | | | |
| | | | Post Code | |
| | From (Date): | | To (Date): | |

Section 2 - Proof of identity

| To help establish your identity, you must submit a copy of one document from <u>each</u> of the following categories with your application: | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------|--|
| | onfirmation of name: driving licence*, passport, birth certificate. | | | |
| (b) Confirmation of name and address: - full driving licence*, utility bill, bank or credit card statement, child benefit book, pension book (or other equivalent/similar official document – but it MUST show your name and address). | | | | |
| *Com | nplete copy of both parts of your full (not provisional) dr | iving lic | ense will be sufficient for both categories. | |
| I am | providing the following types of identification: | | | |
| (a) | a) (b) | | | |
| Please examp the nar | on 3 – Helping us to find the information e use the space below to provide further details that mable, specific documents or information that you are seek me of the person at NEOVIVA who may have created on time periods. | king; th | e likely location of the information; | |
| | | | | |
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Section 4 - Employment Records

| | en employed by NEOVIVA, and provide details of your staff num | | tion in relation to |
|-----------------------------|------------------------------------------------------------------------|-----|---------------------|
| Date employed | From: | То: | |
| | | , | |
| | | | |
| | | | |
| | | | |
| Section 5 – Written Authori | ty | | |
| | ect, but an agent appointed on well as that of the data subject below. | | |
| Your full name | | | |
| Address | | | |
| Post code | | | |
| Contact telephone number | er er | | |
| Email address | | | |
| Relationship | | | |

| 1000 | e provide proof of identity for yourself as de | talled | unaer | Section 2: |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------|----------------------------------------|
| | elp establish your identity, you must submit a wing categories with your application: | сору | of one | document from <u>each</u> of the |
| ~~ | onfirmation of name: driving licence*, passport, birth certificate. | | | |
| - full | onfirmation of name and address: driving licence*, utility bill, bank or credit card ther equivalent/similar official document – but | | | |
| | nplete copy of both parts of your full (not prov gories. | visiona | l) drivin | g license will be sufficient for both |
| l am | providing the following types of identification | n: | | |
| (a) | | | (b) | |
| 'ou n | nust provide proof of authorisation to act or | n the c | data su | bject's behalf |
| l am | enclosing the following copy as proof of lega | l autho | orisation | n to act on behalf of the data subject |
| Lette | er of Authority | | | |
| Lasti | ng or Enduring Power of Attorney | | | |
| | | | | |

| Declaration (to be signed by the applicant) | | | | |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------|--------------------------|--|
| whom it relates. | hat I have supplied in this applicatio | on is correct | t, and ram the person to | |
| Wildin it i diatoo. | | | | |
| Signature | 1 | Date | | |
| | | | | |
| OR | | | | |
| Declaration (to be signed by the authorised person) | | | | |
| I confirm that I am legally authorised to act on behalf of the data subject. | | | | |
| Signature | - | Date | | |
| Warning – attempting to obtain personal data to which you are not entitled may be an offence under the GDPR. | | | | |
| | | | | |

Section 7 - Format

| Please confirm whether you wish to receive the information in electronic or postal format. If you select the electronic option, you will be sent an email with your personal data. All information sent will be password protected. If you select the paper option, your personal data will be sent to you via recorded delivery post, to the address you provided in Section 1 above. | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| I wish to receive the information in: | | | | |
| Electronic format | | | | |
| By post | | | | |
| | | | | |

Section 8 - Completed form

Please send your completed form and proof of identity to:

NEOVIVA AG

P.O. Box 6354 Vitznau Switzerland