



## SUBJECT ACCESS REQUEST FORM

Certain regulations, such as the General Data Protection Regulations (GDPR) and California Consumer Privacy Act (CCPA), entitle you, the data subject, to request a copy of any personal data that we hold about you. This form allows you to request this information from us. We can also provide you with information related to processing of your personal data, retention periods that may pertain to your personal data, and/or any rights to rectify, erase, or restrict processing of your personal data that may exist.

We will process your request within the time frame required by the relevant regulation upon receipt of your completed written request and proof of identity. Written requests should be sent to:

**Physical mail:** Acupay System LLC  
Attn: Risk and Compliance  
Unit 2, 242 Kingsland Road  
London E8 4DG

Acupay System LLC  
Attn: Risk and Compliance  
30 Broad Street, 46<sup>th</sup> Floor  
New York, NY 10004

Email: [compliance@acupay.com](mailto:compliance@acupay.com)

If you have any questions, please feel free to call our New York office at +1 888 385 2663 and ask for the Risk and Compliance Officer.

Please be advised that there is no fee for this request.

### SECTION 1: DATA SUBJECT DETAILS

Please fill in your details (the data subject) in the table below. If you are not the data subject and are submitting this request on behalf of someone else, please fill in the details of the data subject and complete SECTION 2.

<b>Family name:</b>	
<b>First name:</b>	
<b>Date of birth:</b>	
<b>Address (including postal code):</b>	
<b>Telephone number(s):</b>	
<b>Email address</b>	

### SECTION 2: AUTHORISED REPRESENTATIVE DETAILS *(only if request made by an authorised representative of the data subject)*

Please fill in the table with your details if you are acting on behalf of someone (i.e. the data subject).



Please be advised that if you are **not** the data subject, you will need to provide evidence of both your identity and the data subject's identity as well as proof of your right to act on their behalf.

<b>Family name:</b>	
<b>First name:</b>	
<b>Date of birth:</b>	
<b>Address (including postal code):</b>	
<b>Telephone number(s):</b>	
<b>Email address:</b>	
<b>Relationship to the data subject:</b>	

### SECTION 3: PROOF OF IDENTITY

To verify that we are providing the subject data to the correct person, we require you to provide us with proof of your identity and address. Please fill in the section below to let us know what documentation is being provided. Electronic copies (photocopy or scanned images) are required. Please do **not** send the original documents.

<b>Proof of identity:</b>	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's license <input type="checkbox"/> National identity card <input type="checkbox"/> Birth certificate
<b>Proof of address (<i>issued within the last 3 months</i>):</b>	<input type="checkbox"/> Utility bill <input type="checkbox"/> Bank statement <input type="checkbox"/> Income tax certificate <input type="checkbox"/> Reference letter from bank or custodian <input type="checkbox"/> Employer's reference number
<b>Proof of data subject giving written authority to act on their behalf (<i>only if request made by an authorised representative of the data subject</i>):</b>	<i>Please describe the documentation that you will be providing below and attach a copy of the documentation to this request.</i>

Please be advised that if we are not satisfied that the documents sent verify your identity, we reserve the right to refuse your request.

### SECTION 4: REQUESTED INFORMATION

Please explain the information that you are seeking, providing as much relevant detail as possible so that we can ascertain the information that you require.

**Which of the following would you like to request? Please tick as many boxes as needed.**

- Why Acupay is processing my personal data
- What personal data of mine has Acupay processed
- To whom my personal data is being disclosed by Acupay
- From whom my personal data is being disclosed to Acupay
- I would like processing of my personal data by Acupay to be restricted
- I would like to object to the processing of my personal data by Acupay
- I would like Acupay to erase my personal data

**Additional detail**

## **SECTION 5: WHERE TO SEND COMPLETED REQUEST**

Please let us know how you would like to receive the information from your request. Please note that if you choose to have the information sent via post, we will take care to ensure that it is correctly addressed, but we cannot be held liable in the package is lost in post, incorrectly delivered, or opened by someone else.

I would like to:

- Receive the information electronically  
*Please provide email address:* \_\_\_\_\_
- Receive the information via post using the address in Section 1 (Data Subject Details)
- Receive the information via post using the address in Section 1 (Authorised Representative Details)

## SECTION 6: DECLARATION

### Data Subject Declaration

I certify that, to the best of my knowledge and understanding, the information provided on this form is true and correct and that I am the person to whom it relates. I understand that Acupay is obligated to confirm proof of identity and that Acupay may deem it necessary to obtain additional information in order to comply with my subject access request.

**Full name:**

**Signature:**

**Date:**

### Authorised Person Declaration *(if applicable)*

I confirm that I am legally authorized to act on behalf of the data subject. I certify that, to the best of my knowledge and understanding, the information provided on this form is true and correct. I understand that Acupay is obligated to confirm proof of identity and that Acupay may deem it necessary to obtain additional information in order to comply with the data subject's subject access request.

**Full name:**

**Signature:**

**Date:**

### For Acupay only

**Request ID:**

**Received date:**

**Processed date:**

**Processed by:**

**Reviewed by:**

**Request completed:** Y / N