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| **Data Subject Request Confirmation** |
| Data Subject Request No.To be completed by the CMA |  |
|  |
| Confirming Party Details | Name |   |
| User PrivilegePlease tick the confirmation box | I confirm that I am a DA for the given Org Name |  |
| Org Name |  |
| ConfirmationPlease tick one of the confirmation boxes and add comments if only some or none of the requirements have been executed | I confirm that I have executed all requirements identified against me for this request |  |
| I confirm that I have executed some of the requirements identified against me for this request |  |
| I confirm that I have not executed the requirements identified against me for this request |  |
| Comments  |
| Date |  |
|  |
| Data Subject Details | Name |  |
| Data Subject TypePlease tick the appropriate types | Customer |  |
| Landlord |  |
| Party User |  |
| Date of Request to Party |  |
|  |
| Request TypePlease tick the appropriate box | Data Subject Access |  |
| Data Subject Processing Change |  |