|  |  |  |  |
| --- | --- | --- | --- |
| **Data Subject Request Confirmation** | | | |
| Data Subject Request No.  To be completed by the CMA | |  | |
|  | | | |
| Confirming Party Details | Name |  | |
| User Privilege  Please tick the confirmation box | I confirm that I am a DA for the given Org Name |  |
| Org Name |  | |
| Confirmation  Please 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 Type  Please tick the appropriate types | Customer |  |
| Landlord |  |
| Party User |  |
| Date of Request to Party |  | |
|  | | | |
| Request Type  Please tick the appropriate box | Data Subject Access | |  |
| Data Subject Processing Change | |  |