OASIS CRESCENT



Data Subject Request Form

DATA SUBJECT INFORMATION

1. DATA PROTECTION ACT 2018

For the purposes hereof, "identified or identifiable living individual" means any information relating to you ("data subject") which allows you to be identified, directly or indirectly, in particular by reference to an identifier such as your name, your identification number, your location data, any online identifier or to one or more factors specific to your physical, physiological, genetic, mental, economic, cultural or social identity.

The Data Protection ACT 2018 provides you (data subject) with the right to receive a copy, the right to rectify, the right to withdraw the consent, the right to restrict processing, the right to erasure (subject to any legal obligation imposed on us to retain your personal data), the right to object to the processing of your personal data (subject to any contractual obligation on us to process your personal data), the right to object to the authorization of a third party to process your information (subject to any contractual obligation on us to provide any personal data to a third party for processing). Please complete this form if you wish to exercise any of your above stated rights. You will also need to provide proof of identity. Your request will be processed within 30 calendar days upon receiving the fully completed form and proof of identity.

2. PROOF OF IDENTITY

We require proof of your identity before we can disclose personal data. Proof of your identity can be provided by way of birth certificate, passport, driving license (which should include your full name and date of birth), and proof of your address can be provided by way of an official letter addressed to you at your current residential address e.g. bank statement, recent utilities bill or council tax bill.

3. ADMINISTRATIVE FEE

We will provide a copy of your information either via electronic communication or postage for a small fee of GBP 10,

SECTION 1

Please fill in your details (the data subject) in **BLOCK LETTERS** in this form. If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.

		Date (dd/mm/yy)	
		осик	
Name (Last, First)	Investment Number		
Residential Address		Date of Birth (DOB)	
Primary phone number		Email address	
Type of Request			
☐ Access/copy☐ Withdrawal	☐ Restriction on processing☐ Erasure	☐ Complaint	
Please describe nature of action or complaint, etc.) in detail.	requested (type of information requested; nature o	f rectification, restriction on processing, withdrawal,	
/We enclose the following as pro	of of identity:		
☐ Birth Certificate ☐ Driving License		☐ Passport	
☐ Identification Card	☐ Bank Statements	☐ Utility Bills	

SECTION 2

Please complete this section of the form with your details, if you are acting on behalf of the data subject in BLOCK LETTERS.

If you are **NOT** the data subject, but an agent or guardian appointed or acting on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.

Nam	ne (Last, First)				Relationship (Guardian/Agent)		
Res	idential Address				Date of Birth (DOB)		
Prim	nary phone number				Email address		
I/We	e enclose the following as proof of ide	entity &	proof of authorization:				
	Identification card Letter of authority		Driving License Evidence of parental responsibility		assport ther (specify details)		
SEC	CTION 3						
Data	a Subject Declaration:						
I un		imited i	form is correct to the best of my knowled s obliged to confirm proof of identity/aut ta Protection Act 2018.				
Name (Last, First)					Signature & Date (dd/mm/yy)		
<u>Autl</u>	horized Person Declaration (if app	licable):					
I/We confirm that I am legally authorized to act on behalf of the data subject. I understand that Oasis Crescent (UK) Limited is obliged to confirm proof of identity/authority and it may be necessary to obtain further information to comply with the requirement of Data Protection Act 2018.							
Nam	ne (Last, First)				Signature & Date (dd/mm/yy)		
Attach additional documentation, if applicable.							
Add	litional Information:						
For the request of receiving a copy of information we hold about you, please indicate the possible mode of communication below:							
	Electronically**		By Post*		collect in person		
*Dloc	as he aware that if you wish us to post th	informa	tion to you we will take every core to encure the	ant it in ad	dragged correctly. However, we connet be held		

*Please be aware that if you wish us to post the information to you, we will take every care to ensure that it is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in your household. Loss or incorrect delivery may cause you embarrassment or harm if the information is 'sensitive'.

**Please be aware that if we send the information to you electronically via email, we will take every care to ensure that is addressed correctly to your registered email address with us. However, we cannot be held liable or prevent the misuse if the information is lost or your account is unsecure and accessible to third parties.

Please send your completed form along with relevant proofs at the below mailing address:

Client Services, 3rd Floor, 50 Hans Crescent, Knightsbridge, London, SW1X0NA, United Kingdom.

Or send it via email at: clientservice@uk.oasiscrescent.com