

With reference to GDPR (General Data Protection Regulation) I wish to receive information about treatments of my personal data

I wish to receive a copy of all my personal records

I only wish to receive a copy of certain personal records. Please specify:

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Personal information

First and last name:	
Company name:	
Date of birth:	
Home address:	
Email Address:	
Telephone Number:	

Identification

You must provide a form of identification to confirm your identity. Photocopy is accepted.

WARNING it is a criminal offence to obtain another person's information by deception.

Acceptable proof of identity:

*Current Passport

*Unexpired photo card driving licence (full or provisional)

Date:
Signature:

Send the original request and form of identification to:

SYMETRI
Box 771
S-781 27 Borlänge
SWEDEN

We intend to respond to a personal data request promptly and in any event within 30 calendar days of receiving it. Respond will be sent to your stated home address.