

Data Subject Access Request Form

Under the General Data Protection Regulation, you have the right to request for a copy of the personal data we may hold about you. This request is known as a Data Subject Access Request ("DSAR"). A data subject is an individual who is the subject of the personal data.

If you wish to submit a DSAR, please complete this form and mail it to the following address:

**Justin Wehmeyer
dtw Research, Inc.
4812 First Coast Highway
Amelia Island, Florida 32034-5413**

In our response, you will receive:

- confirmation that we have processed the data subject's personal data;
- the categories of personal data concerned;
- the purposes for processing each category;
- a copy of the personal data we have processed;
- retention period and determination for how long personal data is retained;
- confirmation of the right to request rectification, erasure, restriction, or to object to such processing;
- confirmation to the right to lodge a complaint with the Information Commissioner's Office (ICO);
- information about the source of the data, where it was not obtained directly by the data subject;
- information about any automated decision-making (including profiling);
- the recipients we disclose personal data to;
- the safeguards we provide when transferring personal data to other recipients.

Section A

Please provide the following information so that we may identify the data subject's records. If the data subject can be associated with multiple companies, a DSAR must be submitted for each company.

| | |
|--------------------------|----------------------|
| Data Subject's Full Name | <input type="text"/> |
| Data Subject's Email | <input type="text"/> |
| Data Subject's Company | <input type="text"/> |

You may provide specific details of the data you're requesting (e.g. copies of emails between <date> and <date>) which will help us to locate the information you require.

Section B

Please provide an authorized address where the requested data will be sent. The data subject must provide consent to have their data sent to the address indicated below.

I, _____ hereby give consent to have my requested data sent to the address indicated above.
name of data subject

Data Subject Signature: _____

Date: _____

Section C

If you are a representative of the data subject, you must have the individuals written authorization before we may comply with your request. The data subject must provide proof of identity in order for us to process the request.

We will process your request as quickly as possible within 30 calendar days. In the event that we cannot locate the requested data we will require further contact, in which we will require 30 calendar days from your next reply to process your request. However, if you have any inquiries whilst your request is processing, please do not hesitate to contact us in one of the following manners:

Phone: **904-491-1110** (ask for Justin Wehmeyer)

Fax: **904-491-1114**

Email: **wehmeyer@dtwresearch.com**

I confirm that I am that data subject

I am a representative of the data subject

If you are the data subject, skip the following line then sign and date your request on the lines below.

I, _____ hereby give _____ my authorization to request access to my personal data on my behalf.
name of data subject name of representative

Data Subject Signature: _____

Date: _____

Representative Signature: _____

Date: _____