

GEFION INSURANCE SUBJECT ACCESS REQUEST (RECORD)

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This is our standard form to be used for a subject access request. It is not a requirement to submit this subject access form to exercise your right of access to information held by us. The form is intended to assist such requests as it contains the information we require to validate the identity of the requesting person, their authority to act on behalf of others and the information needed to conduct a search of information records. There are other acceptable methods to submit subject access requests, for example in the form of letter or email, but these must contain the requisite information to enable us to disclose the right information to the right person.

1. Data subject details:

Title	Mr	Mrs	Miss	Ms	Other:
Surname					
First name(s)					
Current address					
Telephone number:					
Email address					
Date of birth					
Details of identification provided to confirm name of data subject:	NB. We will need copies of two forms of identification, which can be: <ul style="list-style-type: none">• Passport• Driving licence• Birth certificate • Utility bill (from last 3 months)• Current vehicle registration document• Bank statement (from last 3 months)• Rent book (from last 3 months).				

Contact

Gefion Insurance A/S
Østergade 10,
DK-1100 Copenhagen K
Telephone +45 70 60 69 00

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Details of data requested:

1.1 DETAILS OF PERSON REQUESTING THE INFORMATION (if not the data subject):

Are you acting on behalf
of the data subject with
their written or other legal
authority?

Yes
No

If 'Yes' please state your
relationship with the data
subject (e.g. parent, legal
guardian or solicitor)

Title	Mr	Mrs	Miss	Ms	Other:
Surname					
First name(s)					
Current address					
Telephone number:					
Email address					

2. DECLARATION

I, (Insert Name) _____,
the undersigned and the person identified in (1) above, hereby request that Gefion Insurance A/S provide me with
the data about me identified above.

Contact

Gefion Insurance A/S
Østergade 10,
DK-1100 Copenhagen K
Telephone +45 70 60 69 00

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Signature: _____ Date: _____

Alternatively -

I, _____,
the undersigned and the person identified in (1) above, hereby authorise that Gefion Insurance A/S
provide (Insert Name of representative) the person identified in (1.1) with the data about me identified
in above.

Signature: _____ Date: _____

This form is to be forwarded by email to DPO@Gefioninsurance.com or by post to
Gefion Insurance A/S Østergade 10, DK-1100 Copenhagen K, Denmark

Contact

Gefion Insurance A/S
Østergade 10,
DK-1100 Copenhagen K
Telephone +45 70 60 69 00