

## DATA SUBJECT ACCESS REQUEST FORM

You have the right to request for personal data we may hold about you. This 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 make a DSAR, please complete this form and return to us by post or email.

If sending by post, please use the following address:

\_\_\_\_\_  
**NO Solutions Development LTD Novi Sad**  
**Jevrejska 15**  
**21000 NOVI SAD**  
**SERBIA**

If sending by Email, please use the following e-mail address: [office@nosolutions.rs](mailto:office@nosolutions.rs). Please write "Data Subject Access Request" in the subject field of the email.

1. Data Subject's Full Name	2. Data Subject's Date of Birth
<b>3. Data Subject's Current Address</b>	
<b>4. Data Subject's Telephone Number</b>	
Home Telephone No:	Mobile Telephone No:
<b>5. Details of data requested:</b>	

**6. To help us search for the information you require, please let us know the data you require with as much detail as possible (e.g. copies of emails between <date> and <date>). If we do not receive sufficient information to locate the data you require, we may be unable to comply with your request.**

**7. Is the information going to be sent to the data subject or his/her representative?**

To the data subject  To the representative

If the data is sent to the representative, then sections 9 and 10 need to be filled out.

**8. I confirm that I am the Data Subject.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date:

\_\_\_\_\_

I enclose a copy of my ID and address proof documents (including a government issued ID document).

**9. (To be filled out if the question 7 is answered with “To the representative”) The Data Subject (whose data is being requested) must give written authorization for the information to be released to his/her authorized representative.**

I hereby give my authorization for \_\_\_\_\_ (fill out the name of the authorized representative) to request access to my personal data.

Signature of Data Subject: \_\_\_\_\_

Print name: \_\_\_\_\_

**10. (To be filled out by the representative of the data subject) I confirm that I am the authorized representative of the Data Subject.**

Name of authorized representative and address where personal data is to be sent:

---

---

Signature:

---

Print Name:

---

Date:

---

We will make every effort to process your data subject access request as quickly as possible within 30 calendar days. However, if you have any queries whilst your request is being processed, please do not hesitate to contact us at this email address:  
office@nosolutions.rs