

# Subject Access Request Form

Please provide the following information in connection with your request. This form is not mandatory but it will help Katun provide a quick and accurate response to your request. For further information about your data protection rights please see our [Privacy Notice](#).

Please complete the information below and return the form by post or email to the Data Protection Officer:

Laurie Young  
c/o Katun Corporation  
7760 France Avenue South  
Suite 340  
Minneapolis, MN 55435 USA  
Or Email: [Laurie.young@katun.com](mailto:Laurie.young@katun.com)

## 1. Information of Requestor

Title: \_\_\_\_\_

Surname: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to Katun: \_\_\_\_\_

## 2. Your Request

Please provide an explanation of the information you are requesting.  
We can usually respond quicker where more detail is provided:

Date range for information request: (Please note, we only retain records to the maximum time period allowed by law)

\_\_\_\_\_

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### 3. Proof of Identity

Katun will only release information about the individual requesting information to the person named in the request or their authorized representative. Therefore, Katun will require proof of identity of the person named in the request, as well as proof of authorization and identity of any representative.

Please send a photocopy of one form of government issued identification containing a photograph and signature along with this form to the Data Protection Officer. If there are any issues with providing such documentation, please contact the Data Protection Officer to discuss alternatives.

Katun will contact you as soon as possible if there are any issues with Katun's ability to satisfy itself as to your identity.

### 4. Correction and Erasure of Information

If you wish to request that Katun corrects or erases any information following our response to your request, please contact the Data Protection Officer.

### Declaration

I, \_\_\_\_\_, am the data subject named above or their authorized representative, and hereby request, under the provisions of Article 15 of the EU General Data Protection Regulation, that Katun provide me with copies of any personal data as described in Section 1.

I have included with this request the relevant proof of identity.

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

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

Date: \_\_\_\_\_ (day, month, year)