



ACCESS TO PERSONAL INFORMATION FORM

OFFICE USE - Describe 2 pieces of signed ID provided for authentication (one must include a photo):

Date of Request: _____

Name of Requestor: _____

Requestor's Contact Information: (in order for UCU to verify your request)

Phone Number: _____

E-mail address: _____

Information being sought:

[Please provide sufficient detail in order to identify the records being sought, including names and dates].

Reason for request:

[Providing this information will help us identify other records that may be of interest to you].

We encourage you to review the requested information at the offices of Unity Credit Union, located at 120 – 2nd Ave. East, PO Box 370, Unity SK, S0K 4L0.

- Please provide my information at this credit union office address (an appointment will be confirmed).
- Please send the requested information to the following address:



- ✱ If we are able to provide you with access to your information:
- We will attempt to do so within 30 days of your request. If we need longer to locate or gather your information, we will let you know.
 - There may be a charge associated with providing you access in order for us to recover costs incurred (for example, photocopying costs and staff time). You will be notified and asked to agree to such charges in advance of us incurring necessary costs.
 - If we are unable to provide you with access to your information, we will provide you with a reason within 30 days of your request.

I certify that I am seeking access to my own personal information and have completed this form to the best of my ability. I understand that copies of records taken from the offices of Unity become the responsibility of the Requestor.

Signature of Requestor

Date

Name of Requestor (please print)

Your access request should be sent to:

Privacy Officer
Unity Credit Union
120 – 2nd Ave. East, PO Box 370
Unity SK S0K 4L0

Phone #: 306-228-2688

Fax #: 306-228-2185

E-mail: info@unitycu.ca