



ACCESS REQUEST, INQUIRY OR COMPLAINT FORM

ACCESS REQUEST:

To request access to your personal information, please provide the following information:

1. A description of the information to which you seek access:

2. Your name, address, and a telephone number where you can be reached:

3. The location address where you would like to obtain access to the information (for example, which branch would you like to access the information or affiliation branch).

4. You can expect that it may take up to, but not exceeding 30 days to gather the requested information. There is a charged of \$25.00/hr to cover staff resources to provide you the requested information.

INQUIRY OR COMPLAINT:

To make an inquiry or file a complaint under the *Personal Information Protection and Electronic Documents Act*, please provide the following information:

1. The nature of the inquiry or complaint (please be as specific as possible):

2. Your name, address, and a telephone number where you can be reached during the daytime.

Date: _____

Signature: _____

MAIL THIS FORM TO:

Attn: PRIVACY OFFICER
Biggar & District Credit Union
P.O. Box 670
Biggar, SK S0K 0M0

Or email Privacy@biggarcu.ca Attn: PRIVACY OFFICER.

Note: You will be required to provide two pieces of identification bearing a signature, one of which must be current government issued photo identification.