

Request for Personal Information Form

Please print clearly in BLOCK LETTERS. Once completed please send via mail, email or fax, details are below.

Complete this form to request access to Personal Information held by one of the companies within the ClearView Group.

Please provide as much information as you can as this will assist us in reviewing and responding to your request.

Personal Information will only be released to a third party if the person to whom the information relates has provided us with written authority to do so.

Your details

Title	Gender	Date of birth
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Given name(s) <input type="text"/>	Surname <input type="text"/>	

Residential address or mailing address

Street number and name

Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
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Contact details

Home number <input type="text"/>	Work number <input type="text"/>
Mobile <input type="text"/>	Email address <input type="text"/>

Person to whom the Personal Information relates (if different from above)

Title	Gender	Date of birth
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Given name(s) <input type="text"/>	Surname <input type="text"/>	

Residential address or mailing address

Street number and name

Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
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Contact details

Home number <input type="text"/>	Work number <input type="text"/>
Mobile <input type="text"/>	Email address <input type="text"/>

Information Requested

Please provide an outline of the information you are requesting, identifying any specific documents where possible (attach additional pages / documents if necessary).

Declaration

I confirm that the information I have given is, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this request.

Name

Signature

Date

Office use only:

Date received

Sending your form:

Mail

The Privacy Officer
ClearView
GPO Box 4232
Sydney NSW 2001

Email

clearview.enquiries@clearview.com.au

Fax

(02) 9233 1960

Enquiries

132 977

Matrix Planning Solutions Limited ABN 45 087 470 200 AFSL and ACL No. 238256

Our Privacy Officer will acknowledge receipt of the completed form and inform you about any charges that may be payable to cover our expenses in complying with your request.