ACCESS REQUEST, INQUIRY OR COMPLAINT FORM

Access Request

To r	equest a	ccess to	vour	personal	informa	tion, i	please	provide	the	following	inform	nation:
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- 1. A description of the information to which you seek access:
- 2. Your name, address, and a telephone number where you can be reached during the daytime:
- 3. The location address where you would like to obtain access to the information (for example, the office of an affiliated organization or the offices of the Credit Union).

Please note that you must produce at least two pieces of identification bearing a signature, one of which should include photo identification and a birth date in order to obtain the information requested.

Inquiry or Complaint

Date

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.

Signature

Mail this form to: Privacy Officer

Edam Credit Union Limited

PO Box 68

Edam, SK S0M 0V0