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| **Data Subject Access** |
| Data Subject Request No.To be completed by the CMA |  |
|  |
| Submitting Party Details | Name |   |
| User PrivilegePlease tick the confirmation box | I confirm that I am a DA for the given Org Name |  |
| Org Name |  |
| Date |  |
|  |
| Data Subject Details | Name |  |
| Data Subject TypePlease tick the appropriate types | Customer |  |
| Landlord |  |
| Party User |  |
| Date of Request to Party |  |
|  |
| Report Details | Report TypePlease tick the appropriate types | CMA CS Trading Party Listing |  |
| SLP Org Details Listing |  |
| CMA CS Customer Name/SPID Listing  |  |
| SLP Landlord/SPID Listing |  |
| Period From |  |
| Period To |  |