



Belonging Network
PERSONAL INFORMATION ACCESS FORM

This form must be completed in full and mailed to:

Privacy Officer

Belonging Network
408-602 West Hastings Street, Vancouver BC V6B 1P2

DATE (dd/mm/yy):

APPLICANT PERSONAL INFORMATION

Last name:	First name:
Address:	
Phone:	e-mail:

DETAILS OF ACCESS REQUEST

Please describe the records under our custody and control you would like to have access to. Be as specific as possible, as this will assist the request process. Specify any reference or file number, if known. Attach a separate page if needed.

Preferred Method of Access to records Examine originals Receive copies

Are you requesting access to another person's personal information? Yes No

If yes, please attach either

- a) that person's signed consent for disclosure, or
- b) a proof of authority to act on that person's behalf

APPLICANT SIGNATURE

FOR BN USE ONLY	
Request No.	Date received (dd/mm/yyyy)

Privacy Statement: The personal information you provide in this form is collected in compliance with BN Privacy Policy. BN will use it exclusively to correct your personal information. If you have any questions, please contact our Privacy Officer at 604-320-7330 or privacy_officer@belongingnetwork.com