



Data Subject Request Form

Company Name: Ewi Specialist Ltd
Contact Information: 07594373464, 07802 751601
Email: info@ewispecialist.co.uk

1. Personal Information

Full Name: _____
Address: _____
Email: _____
Phone: _____

2. Type of Request

Please specify the type of request you are making (tick as appropriate):

- Access to Personal Data
- Rectification of Personal Data
- Erasure of Personal Data
- Restriction of Processing
- Data Portability
- Objection to Processing

Signature

Sebastian Janik - Director
Sebastian Dziubanda – Director



3. Details of the Request

Please provide any additional information that may help us process your request:

4. Proof of Identity

To protect your personal data, we may need to verify your identity. Please attach a copy of your ID (e.g., passport or driver's license).

5. Declaration

By signing below, you confirm that the information provided in this form is accurate and that you are the individual to whom the data relates or are legally authorized to make this request.

Signature: _____ Date: _____

6. Contact Information

Please submit this form and any supporting documents to:

Email: info@ewispecialist.co.uk

Phone: 07594373464, 07802 751601

Signature

Sebastian Janik - Director
Sebastian Dziubanda – Director