



Request for Access to Personal Information

This form is meant for use by individuals requesting access to their own personal information held by ACM Group Limited ("ACM") and its related companies.

The information ACM may retain about you could consist of notes relating to your account, conversations and discussions you've had with ACM representatives, record of communications, applications and collection activity etc.

For existing customers, in many instances our staff will be able to provide you with access to personal information relating to Loan / Credit Card / Telecommunication Agreements (Contracts) / Statements etc. without the need to complete this form. These requests can be obtained through calling ACM on (02) 9287 1600 and **quoting your ACM Reference (account number)**.

Please complete the Personal Information Access Request form below that will enable us to verify and validate we are providing specific information requested to the correct individual in line with our Privacy Act obligations.

We will not be able to process your request unless all sections in this form are completed satisfactorily.

Please return your completed form through one of the following methods:

Mail:

Privacy Coordinator
ACM Group Ltd.
Level 16, 1 Oxford Street, Darlinghurst
Sydney NSW 2010

Email:

compliance@acmgroup.com.au

We will respond to your request within 30 days or quicker, where possible. We may also get in touch with you during this time for clarification, or request for an extension of timeline if and where necessary to help complete your request.

ACM will not charge you for lodging an initial request for access to your personal information. However, we may charge you for subsequent requests or information sourced through archives, stakeholders etc. We will contact you to discuss the charges that apply.



Personal Information Access Request Form:	
First Name:	
Middle Name (if applicable):	
Surname:	
ACM Account No:	
Date of Birth:	
Copy of Driver's License or Passport must be enclosed (to validate details above):	
Phone Contact:	
Brief description of personal information request?	
Date range:	
Comments to assist with the search:	
Mail / Email address to send information:	
Would you like correction of your personal information?	
Comments to support correction request above:	



Authority & Declaration

I acknowledge:

- I am the individual referred to in this form and all information I have provided is true, complete and correct at the time of completion and provided to ACM to enable a response to my request;
- The personal information collected in response to my request may be provided to me in the best suitable format ACM consider appropriate;
- ACM may be unable to provide all / some of the information requested because it is no longer held on record / available;
- All or part of my request may be denied (as permitted by law); and depending on the type of personal information requested ACM may pass the cost of collating this information to me i.e. for archive retrieval, stakeholder fees etc. and that provision of the information request is conditional upon the associated costs being first paid by me.

Signature(s):

Date: