

SUBJECT ACCESS REQUEST

cliclogic Inc. collects, holds, and processes certain personal information about our Customers, Business Contacts, Potential Customers, Suppliers and Contractors. You have the legal right, under the [Personal Information Protection and Electronic Documents Act](#) (PIPEDA) to find out about our use of your personal information under the following conditions:

- ✓ Confirmation that your personal data is being processed by us;
- ✓ Access to your personal data;
- ✓ How we use your personal data and why;
- ✓ Details of any sharing or transfers of your personal data;
- ✓ How long we hold your personal data;
- ✓ And not limited to your rights to withdraw your consent to our use of your personal information at any time and/or to object to our processing of it.

No fee is payable under normal circumstances however we reserve the right to charge a reasonable fee for requests that are manifestly unfounded, excessive, or repetitive. Such charges will be based only on the administrative cost that we will incur in order to respond.

The use of this form is not mandatory. It does include however all the details required to help us process your request more efficiently. After receiving your subject access request, we may contact you to request additional supporting information and/or proof of your identity. This helps us to safeguard your privacy and personal data.

We will respond to all subject access requests within 30 days of receipt and will aim to provide all required information to you within the same period. If we require more information from you, or if your request is unusually complicated, we may require more time and will inform you accordingly.

Please complete the required information and return it to us by emailing it to info@cliclogic.ca.

Thank you,

Chief Privacy Officer
cliclogic Inc.



PROTECTED
(once completed)

SUBJECT ACCESS REQUEST

INSTRUCTIONS:

1. Complete Sections A, B and C
2. Retain a copy for your records
3. Scan and send to info@cliclogic.ca

OFFICE USE ONLY

DATE RECEIVED	REQUEST NO.	CLIENT ID NO.
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A REQUESTER INFORMATION

LAST NAME		FIRST NAME			COMPANY NAME		
SUITE NO.	STREET NO.	STREET NAME	CITY	PROV. / STATE	POSTAL / ZIP	COUNTRY	
MOBILE NO.		OFFICE NO.		EMAIL		I HAVE READ THE PRIVACY POLICY YES <input type="checkbox"/> NO <input type="checkbox"/>	

B INFORMATION REQUESTED

Please provide specific details of the personal information being sought (e.g. subject matter, date range and type of records). Include additional information that may help us locate your personal data and confirm your identity. By completing this form, you are making a subject access request under the [PIPEDA](#) for personal data collected, processed, and held about you by us that you are entitled to receive.

DETAILS

METHOD OF ACCESS PREFERRED
(PLEASE CHOOSE ONE)

RECEIVE PAPER COPIES OF THE DOCUMENTS

RECEIVE ELECTRONIC COPIES OF THE DOCUMENTS

C DECLARATION

By signing below, you confirm that you are the individual named in this Subject Access Request Form. You warrant to fully indemnifying cliclogic Inc. for all losses and expenses incurred if you are not. We cannot accept requests in respect of your personal information from anyone else, including members of your family.

NAME	SIGNATURE	DATE
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