

One Stop Licence Shop

**PERSONAL INFORMATION
Request Form**

Client Name: _____

Address: _____

Telephone Number: (h) _____ (o) _____

Fax (if any): _____

Email address (if any): _____

Insurer (if known): _____

Policy# (if known): _____

I wish to file a request regarding my personal information that is being or has been held or processed by One Stop Licence Shop Ltd.

(Please briefly state the nature of your request):

Signature of Client Date

FOR OFFICE USE ONLY:

Date received: _____
Date acknowledged: _____
Date of response: _____

By (print name): _____
By (print name): _____
By (print name): _____