

**One Stop Licence Shop Ltd. and/or One Stop Insurance Inc.**

**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. and/or One Stop Insurance Inc.

(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): \_\_\_\_\_