|  |  |  |  |
| --- | --- | --- | --- |
| **Data Subject Access** | | | |
| Data Subject Request No.  To be completed by the CMA | |  | |
|  | | | |
| Submitting Party Details | Name |  | |
| User Privilege  Please tick the confirmation box | I confirm that I am a DA for the given Org Name |  |
| Org Name |  | |
| Date |  | |
|  | | | |
| Data Subject Details | Name |  | |
| Data Subject Type  Please tick the appropriate types | Customer |  |
| Landlord |  |
| Party User |  |
| Date of Request to Party |  | |
|  | | | |
| Report Details | Report Type  Please tick the appropriate types | CMA CS Trading Party Listing |  |
| SLP Org Details Listing |  |
| CMA CS Customer Name/SPID Listing |  |
| SLP Landlord/SPID Listing |  |
| Period From |  | |
| Period To |  | |