



Personal Information Request Form

This form relates to personal information held by the Supply Chain Management Association

REQUEST FOR:

- Access to own personal information
- Response to complaint about personal information policy and/or procedures

PERSONAL INFORMATION

PLEASE TYPE OR PRINT CLEARLY

ÚÔT CÂ Institute ÚÔT CÂ Member #

Name: Mr. /Mrs. /Ms.
Given Name Initial(s) Surname

Employer: Title/Position

Employer Address:

Bus. Tel. Bus. Fax Bus. ^mail

Home Address:

Home Tel. Secure ^mail:
(If different from business email)

Preferred Mailing Address: Home Business

DETAILED DESCRIPTION OF REQUESTED PERSONAL INFORMATION, OR SECTION OF POLICY AND/OR PROCEDURE SUBJECT TO COMPLAINT:

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PREFERRED METHOD OF ACCESS TO RECORDS:

- Examine original
- Receive copy

Signature Date

Personal information contained on this form is collected pursuant to the Personal Information Protection and Electronic Documents Act, and will be used for the purpose of responding to your request. Complete, sign, and date this form, and mail or fax it to:

Director of Corporate Services
Supply Chain Management Association
777 Bay Street, Suite 2701
Toronto, Ontario
M5G 2C8

Fax (416) 977-8886



Date received

Request number

Comments

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