**SUPERSHIFT GROUP PERSONAL INFORMATION REQUEST FORM**

This form is to be used by individuals requesting access to their own personal information held by the SuperShift Group. The SuperShift Group consists of: SuperShift Australia ABN 81 155 433 891, SuperShift IQ Pty Ltd ABN 48 159 342 382, SuperShift Australia Loans Pty Ltd ABN 31 156 520 633.

In many instances, you may be able to gain access to your personal information so it can be corrected or updated at no charge by contacting your SuperShift Group representative and without the need to complete this form. Please speak to your SuperShift Group representative to discuss the nature of your request to determine whether this form is needed.

**How do you send us your request?**

You can send us your request by completing this form and mailing it to your SuperShift Group contact, or you may mail the form or contact the SuperShift Group Privacy Officer as per the following:

**SuperShift Group**

**Privacy – Legal & Compliance**

**PO Box 1025**

**Hamilton NSW 2303**

**Attn: Privacy Officer**

**p: 1800 77 4438**

**e:** hello@supershift.com.au

To allow us to contact and identify you, please complete the following:

|  |  |
| --- | --- |
| Full Name (and company / business name if relevant): |  |
| Postal Address / Email address: |  |
| Telephone number: |  |
| Name of Vivid Advisory contact (if any): |  |
| Other contact details of relevance (e.g. account number/policy number etc.): |  |

To allow us to understand the nature of your request please tick the most appropriate boxes:

[ ]  I want to correct incorrect personal information you hold about me.

Specify below what personal information you believe is incorrect and why and what changes you require.

[ ]  I want access to my personal information.

Specify below what personal information you want access to.

[ ]  I want to make a complaint about the handling of Privacy by the SuperShift Group.

Specify below what the complaint is, and which SuperShift Group personnel or office is involved so we can assist you in resolving your complaint.

[ ]  I want more information about SuperShift Group practices on handling and management of personal information.

Specify below what additional information you require.

[ ]  I want to opt out of receiving marketing information

Specify below what types of communications you want to opt out of receiving. Please try to specify the relevant SuperShift Group company or provide other relevant details.

[ ]  Other

Specify your request details.

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|  |

In relation to any of the above, please identify if your request is urgent and the reason for its urgency. In most cases we will be able to contact you within a reasonable period of time to confirm receipt of your request and either provide you with an answer or explain what we are doing in relation to your request. We may need to apply a charge for the costs of our providing access to information in certain situations. We will let you know what this is before we provide access.

Please print your name, then sign and date this form:

|  |  |
| --- | --- |
| Name: |  |
| Signed: |  |
| Date: |  |