PRIVACY INFORMATION REQUEST

CUSTOMER DETAILS

FIRST NAME: MIDDLE INITIAL: FAMILY NAME:

DATE OF REQUEST: / / MEMBERSHIP NUMBER (if applicable):

DATE OF BIRTH: / / PHONE NO:

I hereby make a request under the Australian Privacy Principles for access to the personal information
The C.ex Group may hold about me in the following areas and at the following properties:

- ☐ C.ex Coffs
- ☐ C.ex Woolgoolga
- ☐ C.ex Urunga
- ☐ ELECTRONIC GAMING PLAY RECORDS
- ☐ SECURITY INCIDENT REPORTS
- ☐ OTHER – PLEASE SPECIFY:

DATE RANGE OF INFORMATION REQUEST:

FROM / / TO / /

METHOD OF RECEIPT

☐ BY MAIL (will be sent by registered mail)

ADDRESS:

SUBURB: STATE: POSTCODE:

☐ **BY COLLECTION:**

☐ C.ex Coffs ☐ C.ex Woolgoolga ☐ C.ex Urunga

☐ **BY EMAIL TO:**

SIGNATURE DATE / /

Please forward this application form to the Compliance Officer at the postal or email address below.

PRIVACY STATEMENT

- C.ex Group may collect your personal information for the purpose of verifying your identity. We will not use your information for any other purpose. We will delete our record of your identification document upon verification. Our Privacy Statement at http://www.cex.com.au/corporate/privacy explains how we handle personal information and how you may access, correct or complain about the handling of personal information.
- C.ex Group is required by law to provide information to law enforcement agencies and government regulatory authorities such as Liquor & Gaming NSW.
- In order for you to receive the information you will need to complete all of the details above. You must provide acceptable valid identification. Acceptable identification is one form of valid photographic identification or two forms of non-photographic identification acceptable to C.ex Group.
- How C.ex Group processes this request is covered in more detail in C.ex Group's Privacy Policy. Please note in certain circumstances, C.ex Group is permitted (and may be required by law) not to disclose some or all of your personal information to you in response to your request. When permitted, C.ex Group will endeavour to let you know when all or part of a request cannot be met.

OFFICE USE ONLY – COMPLETE AND SEND TO THE PRIVACY OFFICER PHOTO

IDENTIFICATION TYPE:

I hereby confirm the individual has been verified and (if applicable) the postal address matches that on the identity document/s.

NAME OF EMPLOYEE: EMPLOYEE NO:

SIGNATURE DATE / /

C.ex Group
2-6 Vernon Street Coffs Harbour
Postal Address PO Box 2068, Coffs Harbour, NSW 2450
Australia info@cex.com.au