OUTLOOK Financial™
A DIVISION OF ASSINIBOINE CREDIT UNION

MEMBERSHIP INFORMATION ACCESS/PRIVACY CONCERN

A. MEMBER INFORMATION

❑ Mr. ❑ Ms. ❑ Mrs. ❑ Miss ❑ Other _____

Last Name	First Name	Middle Name	
Address	City/Town	Province	Postal Code
Daytime Telephone	Evening Telephone	Fax	E-mail
Social Insurance Number	Birthdate DD / MM / YY		

B. CONTACT INFORMATION

I prefer you to reach me through my:

- ❑ daytime phone number
- ❑ evening phone number
- ❑ e-mail address
- ❑ postal address

C. DETAILS OF YOUR REQUEST

We will respond to your request within 30 days. If there are any costs associated with information gathering, we will notify you in advance. Please provide clear details of your information request or privacy concern. Include dates and names where possible. If you require more space, please continue on the back.

❑ **I wish to access my personal information.** ❑ **I wish to express a privacy concern.**

Member Signature *Date DD / MM / YY*

D. PRIVACY OFFICER ONLY

Date request was received: _____

Follow up required by: _____

Number

Resolution: _____

Forward to: Privacy Officer – Assiniboine Credit Union Box 2, Station Main Winnipeg, MB R3C 2G1 or fax to: (204) 943-6798

10/03