Application for Access to Personal Information

This form has been prepared to assist you in applying for access to personal information about you held by Zinfra Pty Ltd (ABN 98 156 517 305) and its wholly owned subsidiaries.

We ask that you use this form to help us locate the personal information that you require. Please provide all of the requested information, attaching additional pages if you require more space for your responses.

If you prefer not to use this form, please provide the information requested in some other legible written format (for example, an email, fax or letter), to the return address detailed below.

**Note that you may only apply for access to your own personal information. You may not apply for access to another person’s personal information (although parents of minors, legal guardians and those with legal authority may request access on behalf of their children or wards). If you are requesting access on behalf of another person, you must provide proof of your authority to do so.**

We will not charge you a fee for this application. However, if we incur any out of pocket expenses (such as fax, photocopying or postal charges), you will be required to reimburse us for these expenses. We may also require you to pay any GST that we must pay or for which we become liable when responding to your request for access.

The Australian Privacy Act allows us to deny access in certain limited circumstances. If we refuse access, we will give you reasons for our refusal.

If you think that any information that we hold about you is inaccurate, incomplete or out of date, you have the right to request an amendment. Please ask us for our “Application for Correction of Personal Information” form, if you need it.

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| **Your Contact Details** | |
| Title (Mr/ Mrs/Miss/ Ms): |  |
| Full Name:  *(Include your current name and any former names in which you believe we may hold information about you)* |  |
| Address: |  |
| Email: |  |
| Contact Telephone Number (during normal business hours): |  |

*Please advise us as soon as possible if any of your contact details change.*

|  |  |
| --- | --- |
| **Request for Access** | |
| From:  *(Provide Zinfra business unit or entity if known)* |  |
| Information Requested: |  |

*Provide as much detail as possible about the type of personal information that you believe that we hold about you, including the date on which we may have collected that information.*

Proof of Identity

Before we can give you access to any personal information, we must be satisfied of your identity. Please provide evidence of your identity, such as a driver’s licence or passport. If you are collecting this information on behalf of someone else, please provide written evidence that you are authorised to collect the information on their behalf. You will also need to provide evidence of the identity of the individual who has authorised you to collect the information as well as proof of your own identity.

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| C**onfirmation** | |
| I confirm that this application relates to personal information about me (or about a person that has authorised me to make this application on their behalf): | |
| Signed: |  |
| Print name: |  |
| Date: |  |

When you have completed this form please return it by mail, email, or fax to:

Privacy Officer  
Zinfra Pty Limited  
Level 26, 303 Collins Street  
Melbourne, VIC 3000  
Fax: (03) 9614 4745  
Email: privacyenquiries@zinfra.com.au

Collection Statement

We will use the information that you provide in this form only for the purpose of responding to your request for access. We will usually disclose your request to the area within the relevant business unit of Zinfra where your information is held and, if necessary, to other members of that company who are required to assist in addressing your complaint, or where disclosure is required by law.