

PRIVACY ACT INFORMATION REQUEST

SkyCity Entertainment Group Limited
99 Albert Street, Auckland 1010
New Zealand

Customer Details

PO Box 6443, Auckland 1141
New Zealand

First Name: _____ Middle Initial: _____ Family Name: _____

Date of Request: _____ Premier Rewards number (if applicable): _____

Address: _____

City: _____ Post code: _____

Date of Birth: _____ Phone no: _____

I hereby make a request under Information Privacy Principle 6 of the New Zealand Privacy Act 2020 for access to personal information the SkyCity Entertainment Group (**SkyCity**) may hold about me in relation to: (please specify which records are requested or write "All" in which case all readily accessible information held about you will be provided, subject to the comments at the base of this form)

(Date Range of Request) From: _____ To: _____

Method of Receipt (select one)

By mail (will be sent via courier to the address above (a charge will apply))

By collection: SkyCity Auckland SkyCity Hamilton SkyCity Queenstown

By email to: _____

Signature: _____ Date: _____

Please forward this completed application form **and a copy of your identification** to the Chief Privacy Officer at the postal address above or scan and email to privacy@skycity.co.nz.

Please Note:

- Further detail on how this request will be dealt with and SkyCity's approach to personal information can be found at www.skycity.co.nz/privacy-policy.
- In order for you to receive the information you have requested 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 SkyCity.
- In some circumstances SkyCity may be unable to provide some or all of your personal information to you (for example if the information has been deleted or if it contains the personal information of a third party). Where we can, we'll let you know if all or part of a request cannot be met.

OFFICE USE ONLY – In person requests – complete and send to privacy@skycity.co.nz

Photo ID type: _____

Document Number: _____ Expiry Date: _____

Address on ID: _____

Name of employee: _____ Employee No: _____

Signature: _____ Date: _____