

SUBJECT ACCESS REQUEST FORM

Please use this form to submit a request for your personal data to us.

Please return your form in the prepaid envelope or scan it and send it by email to dataprotection@whgrp.co.uk

Instructions: please complete in BLOCK CAPITALS			
Details of individual whose information is requested			
Title: (Mr, Mrs, Ms, Miss, Dr. etc)		Date of Birth: (DD/MM/YYYY)	
Full Name:			
Existing relationship with us (if any)	<i>(Please tell us if you are a customer or a colleague)</i>		
Full postal address:			
Contact telephone:			
Email address:	<i>(Insert this if you are acting on your own behalf and you wish us to email the requested information to you)</i>		
Details of person (if any) acting on behalf of the individual whose information is requested			
Title: (Mr, Mrs, Ms, Miss, Dr. etc)		Date of Birth: (DD/MM/YYYY)	
First Name(s):			
Last Name:			
Postal address:			
Email address			
Contact telephone:			

Existing relationship, if any:		
Person acting in official capacity:	<i>(Insert firm/organisation name)</i>	
<p>The information you require: Please state the information which you require, providing as much information as you can to enable us to locate the information which you seek (providing dates where appropriate). Please note that you are only entitled to your <u>own</u> information under the Data Protection Act 2018:</p>		
<p>How would you like us to provide the information? Email / Paper Copies (delete as appropriate)</p>		
<p>Declaration (to be signed where you are making the request on your own behalf) I confirm my right to have access to the information I have requested. I have enclosed the identification information required in support of my request.</p>	Signed.....	Date.....
<p>Third Party Declaration To be completed where a representative has been appointed and is acting on behalf of the individual whose information is requested e.g. a lawyer or other authorised third party, Court of Protection deputy or attorney (acting under an appropriate power of attorney). I confirm my right to have access to the information I have requested. I have enclosed the identification information required in support of this request.</p>	Signed.....	Date.....
<p>Evidence of identity Please note that where you are making the request on your own behalf you will need to attach copies of proof of your identity e.g. copy of passport, photo driving licence, recent utility bill etc.</p>		
<p>Third party evidence of authorisation Please note that you must attach to this form evidence of your legal authorisation to make this request on behalf of the individual concerned e.g. original signed letter from the requester or other legal authority including original/certified copy of power of attorney/Court of Protection deputyship order. In addition, we will require evidence of your own identity.</p>		

Checklist for requester:	
All relevant sections of the form are complete	
Form signed and dated by requester or by his/her representative	
Copy of ID	
Original/certified copy of ID of requester's representative	
Original/certified copy of authorisation document of requester's representative	
Office Use Only:	
Date of SAR	
Date Received	
Exemptions applied? Reasons:	
ID of requester verified	
ID of representative verified	
Validated by.....	
SAR entered onto Log	