

Subject Access Request Form

Application for access to your personal data held by Whittles

<p>Your Subject Access Rights</p> <p>Subject to certain exceptions, you have a right to have access to and / or correct any personal information that Whittles holds about you (your ‘personal data’).</p> <p>If you wish to make a Subject Access Request, please complete this form carefully and follow the instructions regarding the provision of proof of identity and details of how to return the form to Whittles.</p> <p>The purpose of this form is to ensure that all necessary information to complete your Subject Access Request is provided to Whittles. You are not obliged to use this form, but if you do not, please ensure that all necessary information on this form is provided to Whittles.</p> <p>You will not usually need to pay a fee to access your personal data. However, if your request is unfounded or excessive, we may charge a reasonable fee for complying with your request, or we may refuse to comply.</p>

The term “data subject” refers to the person about whom the information is being requested

Section 1 – Details of the data subject

Whittles client number: (if known/applicable)	
Title (please tick one)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other <input type="checkbox"/> (please state).....
First Name	
Family Name	
Date of Birth (dd/mm/yyyy)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Current Address (must NOT be a PO box address)	
Telephone number	
Email address	

Section 2 - Are you the data subject?

<input type="checkbox"/> Yes If you are the data subject, please go to Section 4	<input type="checkbox"/> No If you are acting on behalf of the data subject, please go to Section 3
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Section 3a - Details of the person requesting the information (if different to Section 1)

Title (please tick one)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other <input type="checkbox"/> (please state).....
First Name	
Family Name	
Company (if applicable)	
Address (must NOT be a PO box address)	
Telephone number	
Email address	

Section 3b – Relationship with data subject.

Please describe your relationship with the data subject that leads you to make this request on their behalf:

Section 3c – Authority to release information

A representative needs to obtain authority from the data subject before personal data can be released. The representative should obtain the data subject’s signature below, or provide a separate note of authority. This must be an original signature, <u>not a copy</u> . If the data subject lacks capacity to give authority in this way, the representative should provide evidence of the authority that it has, such as proof of legal guardianship for children under 12 or a power of attorney. I hereby give my authority for the representative named in Section 3 of this form to make a Subject Access Request on my behalf under the Data Protection Act 2018.	
Signature of Data Subject:	Date:
.....

Section 4 – Proof of Identity.

In order to prove the data subject’s identity, we need to see copies of two pieces of identification, one from list A and one from list B below. Please indicate which ones you are supplying. Please do not send originals.

In addition, if you are acting on the data subject’s behalf, we also need to see evidence of your identity. Please send us two pieces of identification, one from list A and one from list B below.

List A (one from below) Passport/Travel Document Photo driving licence	List B (plus one from below) A letter sent to you by Whittles Utility bill showing current home address Bank statement or Building Society Book
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Section 5 – Details of the data required

Please provide as much detail as you can about the personal data you are requesting to help us locate it quickly (continuing on a separate sheet if necessary):

Are there any specific dates you require this information to relate to?

Please state:

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Section 6 – Declaration

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that Whittles may need to obtain further information from me/my representative in order to comply with this request.

Signature of Data Subject/Representative:.....Date:.....

Please return the completed form to:

The Data Protection Manager
Whittles
The Old Exchange
64 West Stockwell Street
Colchester
Essex
CO1 1HE

data.protection@whittles.co.uk

Voluntary Information

It would be helpful for us to know the reasons for your request, as this information will help us to improve our service (this is voluntary so you don't have to provide any reason and it will have no bearing on the processing of your subject access request):

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