**Subject Access Request**

The General Data Protection Regulations (GDPR) provides you, the data subject, with a right to receive a copy of the data/information we hold about you or to authorise someone to act on your behalf. Please complete this form if you wish to see your data. You will also need to provide **proof** **of your identity**. Your request will be processed within 30 calendar days upon receipt of a fullycompleted form and proof of identity.

**Proof of identity:**

We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of two documents such as your birth certificate, passport, driving licence, official letter addressed to you at your address e.g. bank statement, recent utilities bill or council tax bill. The documents should include your name, date of birth and current address. If you have changed your name, please supply relevant documents evidencing the change.

**Administration fee:**

ROCC policy is not to charge for Subject Access Requests.

**Section1**

Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.

|  |
| --- |
| **Title:** Mr Mrs Ms Miss Other – |
| **Surname/ Family Name:** |
| **First Name(s)/Forenames:** |
| **Date of Birth:** |
| **Address:****Post Code:** |
| **Previous Address:****Post Code:** |
| **Day Time Telephone Number (s)** |

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| --- | --- | --- | --- | --- |
| I am enclosing the following copies as proof of identity:

|  |  |  |  |
| --- | --- | --- | --- |
| Birth certificate | Driving Licence | Passport | An official letter to my address |

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| If none of these are available please contact xxxxxxxx |

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| **Personal Information**If you only want to know what information is held in specific records please indicate in the box below.**Please tell us if you know in which capacity the information is being held, together with any names or dates you may have. If you do not know the current name of the Team just tell us what you do know. If you do not know exact dates, please give the year(s) that you think may be relevant.** |
| Details: |
| Names: | Dates: |

**Section 2**

Please complete this section of the form with your details if you are acting on behalf of someone else (i.e. the data subject).

If you are **NOT** the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.

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| --- |
| **Title:** Mr Mrs Ms Miss Other – |
| **Surname/ Family Name:** |
| **First Name(s)/Forenames:** |
| **Date of Birth:** |
| **Address:****Post Code:** |
| **Previous Address:****Post Code:** |
| **Day Time Telephone Number (s)** |

**Please provide proof of identity as detailed in Section 1.**

|  |  |  |  |  |
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| --- | --- | --- | --- |
| Birth certificate | Driving Licence | Passport | An official letter to my address |

 |
| If none of these are available please contact xxxxxxxx |
| **What is your relationship to the data subject?** (e.g. parent, carer, legal representative): |

|  |
| --- |
| I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject:Letter of AuthorityLasting or Enduring Power of AttorneyEvidence of parental responsibilityOther ( give details ): |

**Section 3 – Please complete the relevant section below.**

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| **Data Subject Declaration**I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that ROCC is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request. |
| **Name:**  |
| **Signature:**  | **Date:** |
| **Authorised person Declaration ( if applicable ):**I confirm that I am legally authorised to act on behalf of the data subject. I understand that ROCC is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request. |
| **Name:**  |
| **Signature:**  | **Date:** |

|  |  |  |  |  |  |  |  |  |  |  |
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| **I wish to:**

|  |  |
| --- | --- |
| Receive the information in electronic format | [ ]  |
| Receive the information by post | [ ]   |
| Collect the information in person | [ ]  |
| View a copy of the information only | [ ]  |
| Go through the information with a member of staff | [ ]  |

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**Please send your completed form and proof of identity to:**

Privacy Manager

XXX@royaloutrigger.com